DRAFT

Center for Substance Abuse Prevention

Core Measures Initiative Phase I Recommendations

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CSAP Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration

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CORE MEASURES TASK FORCE MEMBERS
as of 2/23/99

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I. INTRODUCTION

I. INTRODUCTION

The purpose of the introduction is to provide the user of the Core Measure Initiative (CMI) document with information about how the recommended core measures were identified, the status of the CMI, the organization of the document, and next steps. Therefore, the introduction contains five sections: (1) Background; (2) Task Force Process including cross-cutting issues; (3) CSAP Process; (4) Organization of the Document; and (5) Proposed Next Steps. Each of these sections is described, below.

1. BACKGROUND

In October 1998, the Center for Substance Abuse Prevention (CSAP) began the process of convening nationally-recognized researchers within five Task Forces in order to apply their expertise to the development of a core compendium of evaluation measures within five domains of prevention-related human behaviors. The five domains include: Alcohol, Tobacco, and Other Drug Use (ATOD); Individual/Peer Factors; Family Factors; School Factors; and Community Factors.

The Core Measure Initiative was launched to meet several key CSAP objectives:

- **To respond to GPRA requirements**: The Government Performance and Results Act (GPRA) mandate has increased Federal agency accountability for determining and monitoring progress in the Federally-sponsored programs. The CSAP core measures provide meaningful common outcome information to support the Center's five GPRA objectives.

- **To promote more consistent use of proven program measures in the Field**: For many programs, there are limited resources available for evaluation activities. By examining and providing these recommended scales, CSAP is providing programs with ready access to effective evaluation measures, thereby allowing scarce evaluation resources to be used to address other methodological and evaluation needs, such as sampling frames and data analysis.

- **To improve accessibility of common data to cross-site evaluations**: By providing commonality to the selection of measures and to conducting data collection, cross-site data will be more accessible and more comparable, not only for multiple grantees within a CSAP program but also for cross-site evaluations across CSAP programs.

The successful development and implementation of the core measures will assist CSAP in meeting these objectives.

2. TASK FORCE CORE MEASURES PROCESS

To complete the review and recommendation for the core measures, the Task Forces gathered instrumentation through contacts with primary investigators and other key experts in the field; reviewed existing compendiums, such as CSAP's Measurements in Prevention; searched several databases; and obtained input via professional ListServs. In addition, CSAP requested that approximately 30 special population experts forward any additional instrumentation and/or comments on any of the instruments being examined with relation to the applicability of the measure to specific populations. (Phase II of the CMI is focusing solely on valid instruments for ethnic populations.)

During the review and rating process, each Task Force used and applied common selection criteria. A copy of the Selection Criteria is provided in Exhibit I. While each Task Force adhered to these guidelines, the emphasis that was placed on specific criteria may have varied across Task Forces.

In addition to providing recommendations for Core Measures, the Task Forces identified a number of cross-cutting issues, which relate to the development of the recommendations and/or implementation by CSAP grantees. While CSAP is preparing a Guidance Document to assist grantees in dealing with these issues, a listing of these concerns is provided below:

- **Variable Selection**—Although the recommended measures can serve as a valuable resource for grantees in identifying measures to address a targeted variable, the program needs to first identify the targeted variable(s) of intervention.

- **Special Populations and Developmental Issues**—While a measure may work well for a specified population, it may have less success if administered to different populations (e.g., ethnic groups, etc.) or different age groups. The report for each measure includes references to the population(s) with which the instrument has been used. In some instances, such as the Family History of ATOD variable, CSAP is recommending two measures (a non-college and college scale) to address these differing populations.

- **Methodological Concerns**—The instrument/scale used is just one component of a program's evaluation effort. Mode of administration (e.g., using pen and pencil self report, interview, etc.), sampling issues and other considerations need to be addressed.

- **Missing Information**—For some instruments gathered and reviewed by Task Forces, key information (e.g., reliability and validity data) may not have been available within the time frame or pending additional studies. As a result, there may be some promising measures that did not make the recommended list. Others, which may have

EXHIBIT I
CRITERIA FOR SELECTING CORE MEASURES

- *Popularity/prior use*. Are the questions in wide use, so that comparisons can be made to national or regional norms?
- *Availability.* Are the questions in the public domain? If not, can permission for their use be obtained with relative ease, and at low cost?
- *Scoring*. Is scoring simple and straightforward?
- *Length.* Are the questions themselves relatively brief? Is the number of questions tapping any particular domain appropriately limited (perhaps 3-5)?
- *Reading level*. For constructs targeting children and youth, does the language and referent periods queried appear to be accessible for children as young as 9 or 10?
- *Developmental appropriateness*. Is question wording and content developmentally appropriate for the variety of populations with which they are likely to be used?
- *Internal reliability.* Do the items cohere? Do they have an acceptable coefficient alpha (i.e., >.70)? Is there coefficient alpha so high (i.e., >.90) that the items may be simply redundant?
- *Test/retest stability.* Is there evidence to suggest that responses to questions remain reasonably consistent over time?
- *Sensitivity to change*. Is there evidence that the measure is capable of demonstrating an intervention effect when such an effect truly occurs?
- *Cultural appropriateness*. Is there evidence that the instrument has been successfully used with individuals from different cultural backgrounds?
- *Recognition*. Is there evidence that the measures have achieved a degree of respectability?
- *Generalizability.* Have the questions been used successfully with different populations?
- *Ease of administration*. Is the administration of the measures practical and feasible in terms of cost and training required?

been recommended may have incomplete information in assessing information related to specific population groups.

- **Modifications to Scaling**—Grantees should recognize that customizing scaling (e.g., adding/deleting items, modifying the wording or response item) may compromise the psychometric properties of a scale.

- **Multidimensional Variables/Operational Definitions**—Variables, such as Life Skills and Normative Beliefs may have multiple dimensions or sub-components to them. In addition, primary investigators may be using different operational definitions for the same terminology. To address these concerns, CSAP is including an operational definition for each recommended measure, and in some instances, may be recommending more than one measure to address the multiple sub-components (see Life Skills recommendations). In addition, some Task Force members noted that there were some overlap across constructs both within a domain and across domains.

- **Length of Scale**—For several variables, CSAP is recommending a long and short instrument. This allows a program to select a more in-depth instrument if the targeted variable is a primary focus of the intervention or choose a shorter version if the variable is just one of many the program desires to measure.

- **Proprietary Instruments**—Several of the scales recommended by the Task Force in other reports are copyrighted and thus require permission from the primary investigator before using. A few also have associated ownership costs. To protect copyright licenses, a contact name is provided in lieu of a scale listing for these instruments. Cost information is also recorded.

3. CSAP PROCESS

In late February 1999, the Task Force members presented their draft recommendations to CSAP. With the goal of promoting common measures in mind, CSAP reviewed the Task Force recommendations using the same criteria with special emphasis on:

- **Length of scale**: Given that CSAP and CSAP grantees have limited measurement resources, CSAP considered length of the scales and time for administration when developing the final recommendations.

- **Cost factors**: Again, given resource limitations, CSAP considered the cost of acquiring the scale, the cost of incorporating the scales within grantee measurement instruments, and the cost of administration when developing the final recommendations. CSAP limited its recommendations to those with no cost.

- **Public versus private domains**: Scales that are in the public domain, and therefore immediately accessible to and available for grantee use, were considered more favorably

than scales that are protected by copyright laws making the privately held scales more difficult/costly to obtain.

- **Prevalence of use**: Scales that are currently in wide use were viewed more positively than more obscure scales, given the accessibility and resource issues mentioned above.

The CSAP review had two primary outcomes:

- CSAP core measure reviewers narrowed the number of scales per construct.

- CSAP chose to continue review of best measures for a number of constructs where more information was needed.

CSAP views the identification of best measures as an evolutionary process needing regular updating and consensus-building.

It also should be noted that the versions of the instruments from which the core measures are extracted may not be the most recent versions of the instruments. Given the evolutionary process of core measure selection, and given CSAP's commitment to the original Task Force recommendations, the instruments contained within this document are the instruments used by the Task Force during their review and selection process.

4. ORGANIZATION AND CONTENTS OF THIS DOCUMENT

This document is organized within 7 chapters, as follows:

- Chapter I: Introduction

- Chapter II: Table of Domains, Constructs, and Instruments: This table contains five columns including: Domain Code, Construct Name, Sub-construct Name (where applicable), Instrument Name, Version number or year. For those domains containing constructs that have no associated recommended measures, the words "in-process" appear in the Instrument Name column to signify continued effort.

- Chapters III through VII contain the Task Force reports and are organized by the title of the domain and include: Alcohol, Tobacco, and other Drugs; Individual/Peer; School; Family; and Community. Within each of these chapters, the following information is provided:

- Task Force introduction to the domain

- Description of the constructs including name of instrument(s); definitions, reliability, validity, target population, associated psychometric data, respondent, ease of use/scoring, number of items in the scale, mode of administration, strength of relationship to other problem behaviors, source, author, availability, cost, copyright, and citation information

- Bibliography for the domain.

It should be noted that the introductions to Chapters III through VII were written by the Task Forces themselves, and therefore reflect the core measures recommended by the Task Forces. These introductions were purposefully not revised to reflect the final CSAP recommendations for the core measures. The rationale for this approach is to preserve and communicate the expert consultation and thinking from these Task Forces upon which the CSAP recommendations were based. CSAP recommended measures were always selected from among those made by the Task Force. The list of CSAP-endorsed core measures, however, does not preclude individual CSAP researchers and evaluators from benefitting from the expert Task Force deliberations.

5. PROPOSED NEXT STEPS

While the State Incentive Grant (SIGS) grantees and other CSAP program grantees are serving as volunteer pilots for these recommendations, CSAP is also continuing the review process by convening experts on culture to review the recommendations for the measure and the field to identify instruments appropriate for special populations. This review will also provide an opportunity to add additional recommended measures and constructs, which may be specific to special groups. CSAP also plans to incorporate the recommendations and scales into an online expert system (available through CD-ROM and Internet).

Similarly, CSAP will be working towards filling gaps in best measures for remaining constructs, age and gender groups, and respondent categories.

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II. TABLE OF DOMAINS, CONSTRUCTS, AND INSTRUMENTS

II. TABLE OF CORE MEASURES
DOMAINS, CONSTRUCTS, AND INSTRUMENTS

Domain Code	Construct Name	Sub-Construct Scale	Instrument Name	Version
Alcohol, Tobacco and Other Drugs	Lifetime Use		Monitoring the Future	96
	Age at First Use		National Household Survey of Drug Use	98
	30-day Use		Monitoring the Future	96
	Dependency		Monitoring the Future	96
	Problem Drinking		(Cut, Annoyed, Guilty, Eye Opener)	Web*
	Binge Drinking		Monitoring the Future	96
Individual/Peer	Rebelliousness/	Rebelliousness	Student Survey of Risk and Protective Factors	98
	Rebelliousness/	Impulsiveness	Student Survey of Risk and Protective Factors	98
	Antisocial Attitudes	Favorable Attitudes Toward Antisocial Behavior	Student Survey of Risk and Protective Factors	98
	Antisocial Attitudes	Belief in the Moral Order	Student Survey of Risk and Protective Factors	98
	Self-Esteem		Rosenberg's Self-Esteem Scale	
	Attitude Toward Use	Favorable Attitudes Toward Use	Student Survey of Risk and Protective Factors	98
	Attitude Toward Use	Disapproval of Drug Use	Monitoring the Future	96
	Perceived Harm/Risk	Perceived Harm	Monitoring the Future	96
	Perceived Harm/Risk	Perceived Risk of Drug Use	Student Survey of Risk and Protective Factors	98
	Intentions/Expectations		Tanglewood Research Evaluation	11/99
	Life Skills	Stress Management Skills	Tanglewood Research Evaluation (Wake Forest Evaluation)	11/99
	Life Skills	Decision Making Skills	Tanglewood Research Evaluation (Wake Forest Evaluation)	11/99
	Life Skills	Social Skills	Tanglewood Research Evaluation (Wake Forest Evaluation)	11/99

TABLE OF CORE MEASURES (CONTINUED)

Domain Code	Construct Name	Sub-Construct Scale	Instrument Name	Version
Individual/Peer (cont'd)	Life Skills	Goal Setting Skills	Tanglewood Research Evaluation (Wake Forest Evaluation)	11/99
	Life Skills	Assertiveness	Botvin Life Skills Evaluation	
	Normative Beliefs	Beliefs About Peer Norms	Tanglewood Research Evaluation (Wake Forest Evaluation)	11/99
	Normative Beliefs	Interaction with Antisocial Peers	Student Survey of Risk and Protective Factors	98
	Leadership/Mentoring		Tanglewood Research Evaluation (Wake Forest Evaluation)	11/99
	Antisocial Behavior		In progress	
	Engagement in Prosocial Activities		In progress	
	Media Literacy		In progress	
	Mental Health Factors		In progress	
	Religiosity		In progress	
	Resistance Skills		In progress	
	Risk Taking/Sensation Seeking		In progress	
School	School Bonding/ Commitment		Student Survey of Risk and Protective Factors	98
	School Grades and Records		Student Survey of Risk and Protective Factors	98
	Education Expectations and Aspirations		Monitoring the Future	96
	Parent-School Involvement		Parent-School Involvement	
	School Safety/ Dangerousness		Youth Risk Behavior Survey	97
	Academic Self-Esteem		In progress	
	Positive School Behaviors/Problem School Behaviors		In progress	
	School Climate		In progress	
	School Health and Environment Policies		In progress	

TABLE OF CORE MEASURES (CONTINUED)

Domain Code	Construct Name	Sub-Construct Scale	Instrument Name	Version
Family	Family Conflict		Student Survey of Risk and Protective Factors	98
	Family Cohesion		Family Relations Scale	
	Parent/Child Bonding	Parent-Child Affective Quality (Parent Report)	Parent-Child Affective Quality	
	Parent/Child Bonding	Family Attachment Scale	Student Survey of Risk and Protective Factors	98
	Family ATOD Use/ History of Use	Family History of Antisocial Behavior	Student Survey of Risk and Protective Factors	98
	Family ATOD Use/ History of Use	Family History of AOD Problems	FIPSE Core Alcohol and Drug Survey	1989-1993
	Parenting Practices	Poor Family Management	Student Survey of Risk and Protective Factors	98
	Parenting Practices	Poor Discipline	Student Survey of Risk and Protective Factors	98
	Family Composition		Capable Families and Youth Family Form	Fall 1998
	Perceived Parental Attitudes Toward Youth ATOD Use		Student Survey of Risk and Protective Factors	98
	Family Involvement	Opportunities for Prosocial Involvement	Student Survey of Risk and Protective Factors	98
	Family Involvement	Rewards for Prosocial Involvement	Student Survey of Risk and Protective Factors	98
	Decision Making/ Problemsolving		In progress	
	Family Coping Styles		In progress	
	Family Ethnic Identity		In progress	
	Family Stress		In progress	
	Poverty		In progress	
	Resources/Opportunity Structures		In progress	
	Social Support		In progress	
Community	Neighborhood Attachment		Student Survey of Risk and Protective Factors	98
	Social Disorganization	Social Disorganization	Student Survey of Risk and Protective Factors	98

TABLE OF CORE MEASURES (CONTINUED)

Domain Code	Construct Name	Sub-Construct Scale	Instrument Name	Version
Community (cont'd)	Social Disorganization	Frequency of Participation in Organized Community Activities	National Youth Survey	12-18 Version
	Sense of Community		Sense of Community Index	
	Perceived Availability of Drugs and Handguns		Student Survey of Risk and Protective Factors	98
	Youth Participation	Opportunities for Prosocial Involvement	Student Survey of Risk and Protective Factors	98
	Youth Participation	Rewards for Prosocial Involvement	Student Survey of Risk and Protective Factors	98
	Community Laws and Norms		In progress	
	Empowerment		In progress	
	Enforcement		In progress	
	Social Support		In progress	

III. ALCOHOL, TOBACCO, AND OTHER DRUGS (ATOD) DOMAIN

TABLE OF CORE MEASURES
DOMAINS, CONSTRUCTS, AND INSTRUMENTS

Domain Code	Construct Name	Sub-Construct Scale	Instrument Name	Version
Alcohol, Tobacco and Other Drugs	Lifetime Use		Monitoring the Future	96
	Age at First Use		National Household Survey of Drug Use	98
	30-day Use		Monitoring the Future	96
	Dependency		Monitoring the Future	96
	Problem Drinking		(Cut, Annoyed, Guilty, Eye Opener)	Web*
	Binge Drinking		Monitoring the Future	96

III. RECOMMENDED MEASURES OF ALCOHOL, TOBACCO, AND OTHER DRUGS (ATODS)

Preface

The Alcohol, Tobacco, and Other Drugs (ATOD) Committee is one of several that were created during the course of a day-long meeting that was convened by Drs. Karol Kumpfer and Beverlie Fallik of the Center for Substance Abuse Prevention (CSAP) in San Antonio, Texas, on September 2, 1999. The purpose of the meeting was to organize a comprehensive effort to select a set of "best" measures of constructs in a variety of domains that would be used by all investigators of CSAP grants and contracts who were interested in assessing those domains. These measures were to be selected using a commonly applied set of criteria, of which the most important were their demonstrated reliability and validity in a variety of settings, as well as their extensive usage, brevity, and availability. It is our understanding that the great majority of investigators would use these measures to evaluate the effects of ATOD prevention programs, although other applications can easily be envisaged. For example, the measures recommended by these various committees could be utilized in studies of the prevalence of various risk and resiliency factors in populations of interest, the results of which could then be used to develop or tailor prevention programs. Regardless of the purposes to which they were put, the use of common measures of demonstrated value would greatly facilitate efforts to compare and combine, through meta-analysis and other techniques, the results of CSAP's substantial and heterogeneous portfolio of research initiatives. That is, as a result of this effort CSAP should be in a much better position, in just a few years time, to address queries from Congress and from the public as to *what works and how well, with whom,* and *under what circumstances.*

The charge of the ATOD Committee was to select measures of the following constructs:

- Lifetime use of ATODs
- Age of first use of ATODs
- 30-day use of ATODs
- Dependency on ATODs
- Frequency by amount of alcohol
- Heavy alcohol use (or binge drinking).

Early in our deliberations the ATOD Committee recognized that the measures specified above were of a different nature than those to be investigated by our fellow committees, representing the individual, family, school, and community domains. That is, measures of ATOD use do not constitute scales, which comprise sets of similar questions tapping various facets of a given construct, and for

which tests of homogeneity can be conducted as a key indicator of reliability. Instead, ATOD use tends to be assessed by means of single items, which cannot be tested for homogeneity. However, they can (and should) be tested for other measures of reliability, including test-retest stability and internal (i.e., inter-item) consistency, as well as for various types of validity (including, most importantly, criterion validity). They also should satisfy a variety of other criteria, common to the deliberation of all the measures committees, including:

- Age appropriateness
- Appropriateness for the mode of administration being used (e.g., self-administered, interviewer administered, computer assisted), and
- Brevity.

While assessments of homogeneity thus did not enter our assessments of the comparable value of candidates for ATOD measures, we did take the liberty of adding a selection criterion that will probably not be used by the other Measures Committees. This criterion concerned the availability of national, and readily available, ATOD use data. It is our belief that the CSAP-funded investigators who will use the measures we recommend will benefit greatly if they are able to compare rates of incidence and prevalence in the populations they survey to the best national estimates available. These comparisons will be of value for at least two reasons. First, they will provide opportunities to create synthetic cohorts, either to supplement data from control groups or to serve as proxies for such groups where their creation is not feasible. In other words, if the design used in a particular CSAP project utilizes either a panel study or repeated cross-sectional design, there will be up-to-date and reliable information to which to compare changes that might have been expected in the absence of the intervention being evaluated. Second, investigators interested in using ATOD use data to develop or tailor prevention programs will be able to compare such use in their populations of interest to national norms for those populations, which should considerably enhance the quality of their needs assessments.

The addition of this criterion narrowed the search of our Committee considerably. Indeed, as has been pointed out elsewhere (Oetting and Beauvais, 1990), there are only two clear candidates for the great majority of the domains specified above: the Monitoring the Future (MTF) survey, sponsored by the National Institute on Drug Abuse (NIDA) and administered by a grant to the University of Michigan, and the National Household Survey on Drug Abuse (NHSDA), sponsored by the Office of Applied Studies of the Substance Abuse and Mental Health Services Administration (SAMHSA) and

administered by the Research Triangle Institute (RTI) under contract.[1] Both of these surveys use large, nationally representative samples, are administered on an annual basis, and report their results in a timely fashion. Both now have amassed an impressive array of information concerning the reliability and validity of the measures they utilize.

However, the two surveys have some clear differences. The MTF is school-based, targeting 8th, 10th, and 12th graders (and college students as well), while the NHSDA is household-based, targeting individuals 12 years old and above. As such, they are both good candidates for measures, and we might recommend MTF and NHSDA instrumentation for investigators administering questionnaires in school and household settings, respectively. However, the NHSDA is now converting to a different administration, namely Audio Computer-Assisted Self-Interview (ACASI), which is likely to increase the privacy of the interview situation and thus enhance the likelihood that respondents will respond candidly to such sensitive questions as drug use. For this reason, the utility of direct comparisons of NHSDA estimates to the results of the grantees' studies (few of which are likely to adopt this sophisticated means of survey administration) is diminished. This does not, however, mitigate the utility of using the NHSDA for a proxy comparison group in evaluative studies, because it is the *relative* levels of change across intervention and control groups, rather than their *absolute* levels, that is most relevant.

Because the major thrust of prevention programming is to prevent and reduce ATOD use among youth, as well as the mode of administration issue raised in the preceding paragraph, the great majority of the ATOD-related questions that we will recommend are derived *verbatim* from MTF. Although national MTF estimates are not available beyond young adults in their early 30s, it has now been applied to populations as old as 40, and we believe that the instrumentation is sufficiently robust that almost all of it can be used with older populations. We also note that the ATOD use items in these two surveys are in fact very similar. One exception to this is the series of questions that assess age of first use, which in the MTF are couched in terms of the *grade* in which the youth initiated usage, as opposed to the age. For that reason we will tap the NHSDA for a generic question measuring this domain that can be readily adapted to specific substances, and which invites the respondent to fill in a blank with the age of initiation. This question, we believe, should be used both for all out-of-school

[1]Consideration was also given to the Youth Risk Behavior Study (YRBS), which comprises a limited set of questions on substance use, a number of which were intentionally modeled after (but deviate slightly from) their comparable MTF questions. We did not select the YRBS questions for several reasons. First, the national survey data are gathered on a biennial basis, as opposed to the annual administrations of the NHSDA and MTF. Second, subsequent reporting is generally more limited than the MTF and NHSDA, largely as a result of the YRBS' considerably smaller sample size. This smaller size yields good estimates for the total sample, although their associated confidence intervals are larger than those for the other two surveys. Third, the list of drugs specified on the instrument is also more limited.

populations, including adults and school dropouts. For in-school populations, the MTF questions on grade of initiation are appropriate.

This report is divided into two sections. In the first we present what we were able to discover about the psychometric properties of the MTF ATOD use instrumentation we are recommending. We complete this discussion with the merits of the instrument we are suggesting to measure alcohol dependency, namely the CAGE (Cut back, Annoyed, Guilty, Eye-opener), relative to some other contenders for this domain. In our second section we present the actual instrumentation. While all of it is in the public domain and can be used without permission, we strongly suggest that its sources be acknowledged, both as a fundamental courtesy to the investigators who developed it and to enhance the credibility of the research that utilizes it.

We should make clear that our inclusion of instrumentation assessing a broad array of substances does not indicate a recommendation that this entire set of items be used in every given study. Depending on the objectives of the investigator, it may be appropriate only to use measures of one or two particular substances (e.g., tobacco, alcohol, inhalants or marijuana), and within those perhaps only one or two questions (e.g., 30-day use or lifetime use). We include questions tapping a full spectrum of substances both because that is our understanding of our charge and because some prevention efforts may target some of the more arcane drugs (e.g. amphetamines or the misuse of over-the-counter medications).[2]

Finally, we strongly urge investigators to use the questions *exactly as written*, or risk losing comparability with the results of the studies from which they were extracted, as well as our understanding of their psychometric properties. However, we also recommend some flexibility in how investigators may aggregate responses in the analysis phase to meet their particular needs. For example, the first question under lifetime cigarette use invites respondents to indicate whether they have "never" smoked or have done so "once or twice," "occasionally," "regularly in the past," or "regularly now." If the purpose of a given intervention is to prevent the onset of *any* smoking, it may be appropriate to dichotomize the results into "never" relative to all other responses combined. If the program is more directed towards smoking *cessation* on the part of individuals who smoked regularly in the past, it may be more useful to compare "regularly now" to all other options. Regardless, the

[2]We recognize that some researchers who use the instruments here will be less interested in lifetime or 30-day use of *specific* arcane substances (i.e., those other than tobacco, alcohol, marijuana, and inhalants) rather than such substances *in aggregate*. Unfortunately, we have yet to find a suitable question that taps this construct. In the meantime we recommend that grantees consider a question like the following: "On how many occasions during the last 30 days (or, in your lifetime) have used any illicit drugs other than marijuana or inhalants, like cocaine, amphetamines, LSD, tranquilizers, or heroin?"

presence of an array of responses not only allows for different combinations for analysis purposes, but gives respondents an array of choices so that they can select the one that best describes their behavior. Finally, the presence of such an array gives investigators the option of using the full array (in the example, with nonparametric statistics that reflect the data's ordinal nature) for an assessment that requires greater sensitivity than that offered by nominal data.

The recommendations generated from this committee and those of our colleagues represent a very substantial amount of work, and we should be able to say, at the conclusion of this process that our recommendations represent our understanding of "best practices" in the instruments selected. However, ours is by nature an emerging field. As our experience with these instruments accrues across various populations, their relative utility—at least for measuring certain constructs—could change. On the other hand, most have been applied extensively across a range of populations, as will be documented in the next section. Thus, their appropriateness should probably be reassessed periodically.

We also recognize that individual studies have specific needs that may be driven by factors such as special areas of emphasis, unique characteristics of the populations being studied, and the need to maintain measures that are already in place or that have been used in previous research of particular relevance. These needs could conflict with the use of standardized instrumentation as recommended by the Core Data Initiative, especially in some of the measurement domains other than ATOD use where the breadth of measurement options is often rather extensive. We therefore would recommend that some flexibility be maintained, or at least considered on a case by case basis, with respect to CSAP's requirements regarding the use of the core measures. We also note that meta-analytic techniques do allow for differences in the specific measures that are used across studies, and thus such differences do not automatically preclude the systematic aggregation of results from multiple studies using different instrumentation.

But we should also be careful not to let "the best be the enemy of the good." That is, to the extent that we (or the individual grantees) make repeated substitutions in the measures that CSAP grantees use, our ability to compare results directly across studies may be compromised, as will the overall credibility of this initiative. We leave it to CSAP to find the right balance between these opposing issues.

Section I: Psychometric Properties

In this section we first present and discuss the psychometric properties of the instrumentation we recommend that is drawn from Monitoring the Future (MTF). We conclude with a discussion of the CAGE instrument relative to several others that we considered.

Monitoring the Future

Each year since 1975 the MTF study has collected data from a representative sample of the nation's 12th graders, in approximately 125 to 145 public and private schools. Beginning in 1991, the study was expanded to include 8th and 10th graders. Measures of key demographic characteristics and of ATOD use in the three grades are identical. Study results are typically available during the December following the spring semester in which data are collected, and prevalence rates for substance use are disaggregated by a variety of key subgroups. Confidence intervals around the estimates are provided in the substantial monograph that follows.

Test-retest stability.. In a three-wave panel design, respondents have been found to be highly consistent in their self-reported ATOD use behaviors over a four year period (Johnston, O'Malley, and Bachman, 1998). That is, reliability estimates for cigarettes, alcohol, and marijuana lifetime prevalence measures range in the 80s and 90, while those for other illicit drugs are in the 70s and 80s (Johnston and O'Malley, 1985). Even over a 14-year interval, the level of what the authors call "recanting" of earlier reported use is very low, especially with marijuana and LSD, although less with the somewhat more ambiguous class of psychotherapeutic drugs (Johnston and O'Malley, 1997)

Internal consistency. There is a high degree of consistency among logically related measures of ATOD use (e.g., lifetime use and age of first use) within the same questionnaire (Johnston, O'Malley, and Bachman, 1998). A multi-national sample using measures largely derived from the MTF yielded findings that 97% of all respondents reported use of single, easily identifiable substances in a logically consistent manner (Hibell et al., 1995).

Convergent validity. Evidence of convergent validity can be found in comparing the results of the MTF and NHSDA surveys, the trends for which over time are similar (Oetting and Beauvais, 1990).

Construct validity. Self-reported substance use has been found to relate consistently to a number of other variables tapping attitudes and beliefs related to such use, such as reported

delinquency, truancy, and grades in school (Bachman et al., 1981; Johnston, 1973; Osgood et al., 1988). Further, despite instructions to respondents to skip questions that they believed they could not answer candidly, the proportion of sensitive questions left blank (2.5% to 4.5%) is only slightly higher than those of non-sensitive questions (2.0%) (Johnston and O'Malley, 1985; Johnston et al., 1994). A subsequent multi-national study found that missing data rates for questions in the drug use section were even lower (from 1.1% to 2.2%, even in the U.S. (Hibell et al., 1995).

Criterion validity. Self-reports of substance use have been compared to several groups that have been ranked *a priori* by the likelihood that they would be involved in such use. In the cross-national study mentioned earlier, substance use rates were as expected when students in traditional schools were compared to those in alternative schools (Hibell et al., 1995)

The Cage and Other Measures of Alcoholism

The CAGE (Ewing, 1984) is one of seven commonly used self-report instruments designed to measure the symptoms of alcoholism, the others of which are:

- The Self-Administered Alcoholism Screening Test (SAAST), which is available in both a full and an abbreviated version (Morse et al.);
- The SAAST-II (designed to be completed by a spouse, companion, or close friend,);
- The Michigan Alcoholism Screening Test (MAST) (Selzer, 1971);
- The Short MAST (or SMAST) (Seltzer, Vinokur, and Van Rooijen, 1975); and
- Instruments from the National Council on Alcoholism (NCA) and from Alcoholics Anonymous.

While all of the instruments have good face validity, and most have been widely administered, only four of the seven, the CAGE, SAAST, MAST, and SMAST have undergone extensive study and validation. Each of these has a good history of distinguishing problem from non-problem alcohol users. We are recommending the CAGE in particular for its brevity and clarity.

The CAGE is the shortest of the four instruments. It is only four items long, and as such has a distinct advantage over the SAAST (9 items in the abbreviated version, and 35 in the original), the MAST (25 items) and the SMAST (13 items). In contrast with two of the other three instruments specified immediately above, the CAGE is unambiguous in interpretation. That is, two or more positive

answers indicate a problem with alcohol. The brief version of the SAAST, in contrast, uses a weighted scoring system with a criterion score of three as indicating likely alcoholism; seven of the nine items are weighted by a factor of three, while the remainder are weighted by two. Although this test is cited for its effectiveness in identifying likely alcoholics, it seems likely that with a single positive response interpretable as likely alcoholism, mischievous intent or error could quickly produce a high rate of false positives.

Like the SAAST, its parent instrument, the MAST also uses weighted responses. A score of four is suggestive of an alcohol problem, while five indicates alcoholism. It is possible to score a "5" by answering the question affirmatively, "Have you ever attended an AA meeting?" (which, of course, one might have done to satisfy curiosity or to support an alcoholic friend). Nevertheless, the MAST is well-used and -liked, and is clearly an appropriate (albeit lengthy) instrument for alcoholism screening in clinical or treatment oriented settings.

The SMAST and the CAGE, which have dichotomous (yes or no) response options, are both easy instruments to score. Three of the SMAST' 13 items are framed in the negative, and thus may protect against response sets. While the SMAST demonstrates greater than 90% sensitivity in detecting alcoholism, as with the SAAST there are several items that may lead to false positives (e.g., a question that asks about drinking creating problems with a wife, husband, parent, or other close relative). The face validity of the scale would be greater if the question specified *whose* drinking is creating the problems. Given its brevity, unambiguity, and ease of scoring, the CAGE constitutes our favored instrument for assessing alcoholism.

The CAGE has been applied to several populations, and with the exception of one study in a General Hospital in Kuala Lumpur (Indian, 1992), each application it has shown acceptable psychometric properties. The CAGE was applied to 703 drinkers aged 18 and over interviewed in a general population survey. The results showed that 10.9% of drinkers reported two or more items affirmatively, a rate is similar to the percentage of drinkers who consume four or more standard drinks daily, derived from aggregate per capita consumption estimates. " Factor analysis of the items showed a unidimensional scale with good psychometric properties" (Smart, Adlaf & Knoke, 1991, p 593).

In a study contrasting the CAGE and the TWEAK for ICD-10 and/or DSM-IV criteria for alcohol dependence Cherpitel (1998a) examined the sensitivity and specificity of these instruments among emergency room, primary care, and general populations in Jackson, MS. In this study the CAGE showed 85% sensitivity (probability of being identified alcoholic if, in fact, alcoholic) in the ER sample (n=1327), 82% in the primary care sample (n=767) and 75% for the general population

(n=776). No differences were noted by gender or ethnicity. A second study by Cherpitel (1998b), in an emergency room setting using a probability sample of patients (N=1,429) at the Santa Clara Valley Medical Center in San Jose, California, found some differences in sensitivity and specificity by gender and ethnicity using the combined ICD- 10 or DSM-IV criteria for alcohol dependence. In this population and in others studied by Lee and DeFrank (1998), Spak and Hallstrom (1996), and Osterling, Berglund, Nilsson, and Kristenson (1993), the CAGE showed somewhat greater predictive ability for men than women.

In their study of 3130 women in Goteborg, Spak and Hallstrom (1996) tested the positive predictive value of the CAGE using a stratified sample of 479 of the women and the DSM-III-R (alcohol dependence and abuse scales) with additional use of medical record information as the criterion. In this study, the CAGE was nested in a 13 item instrument, called SWAG (Screening, Women, and Alcohol in Goteborg). Using logistic regression, Spak and Hallstrom developed a four item inventory, called SWAG-L, that had similar sensitivity, specificity, and positive predictive value as the longer version SWAG-1. Both SWAG and SWAG-1 showed considerably stronger sensitivity than the CAGE in detecting problem alcohol use in women in Goteborg, Sweden.

A study using male veterans (N = 1,667) attending the walk-in clinic of an acute care Veterans Affairs hospital, Liskow, Campbell, Nickel, & Powell (1995) found the CAGE 86% sensitive and 93% specific when using a diagnostic interview and DSM III-R criteria as the criterion standard. They conclude "This study adds to the evidence that the CAGE questionnaire is an effective, efficient, easily used screening instrument for the detection of alcohol dependence in a clinical setting" (p. 277).

A modestly revised version of the CAGE assessing alcohol use in the previous 12 months and using a cut-point of one instead of the usual two was found to effectively discriminate problem drinking in the year before pregnancy using low-income, pregnant women and adolescents (n=1147) recruited from 19 agencies in two California counties (Midanik, Zahnd, & Klein, 1998). A second revised version designed to detect problem drug use in the year prior to pregnancy was also found to be useful in discriminate women with heavy drug use in the same report. A study of alcohol misuse among Army personnel also found the cut point of one to show better discriminative ability among female personnel and commissioned officers (Fertig, Allen, & Cross, 1993).

In a study reported in French, Tempier (1996) used a secondary analysis of the data from the Quebec Health Survey on a representative sample (n = 19,724) of those 15 years and older to establish the psychometric properties of a French version of the CAGE. The French version of the

CAGE showed a coefficient of internal consistency (alpha = 0.70) and a unidimensional factor structure indicating good homogeneity.

Among college student populations the CAGE has met mixed reviews. In a study reported in 1998, Clements found "only a modest degree of clinical utility (p. 985)" for the use of this instrument to detect a previous diagnosis of alcoholism. Among students who currently met diagnostic criteria for alcohol dependence (n = 35) the CAGE did not perform as well as the AUDIT in discriminating students. However, in comparing the CAGE questionnaire with various chemical markers in the diagnosis of alcoholism, Girela, Villanueva, Hernandez-Cueto, & Luna (1994) concluded that "The CAGE questionnaire was itself so useful as a discriminant in our sample that no increased diagnostic efficacy was noticed on adding any of the other tests" (p. 337). In their sample of 50 healthy non-alcoholic controls, 31 patients with non-alcoholic liver disease, and 40 alcoholic patients, the CAGE questionnaire showed rates of 96% sensitivity and 92% specificity.

ATOD USE

1. Construct: **Lifetime Use**

2. Name and Description of Instrument: **Monitoring the Future Survey**

3. Construct Operational Definition as used in Instrument: Incidence of Use in entire lifetime

4. Reliability: Test-retest stability 0.70 to 0.90

5. Validity: Self reported substance use has been found to relate consistently to a number of other variables tapping attitudes and beliefs related to use, such as delinquency, truancy and grades in school.

6. Target Population: General population of students in 8^{th}, 10^{th} and 12^{th} grades

7. Population instrument has been used with and associate psychometric data:
   Age Group/Ethnic Group/Gender/Geographic

   Normed with different populations

8. Respondent: Self

9. Ease of use/scoring: Not applicable

10. Number of items in scale: 10

11. Mode of Administration: Pencil and Paper self report

12. Strength of relationship to ATOD and other problem behaviors: Direct/self evident

13. Source: Contact author of CSAP Project Officer

14. Author: Lloyd Johnston/University of Michigan

15. Availability: Public Domain

16. Cost: None

17. Copyright: None

18. Citation Information (abstracts, where used)

    See overall bibliography for Task Force

ATOD USE

Lifetime Use Scale:

1. Have you ever smoked cigarettes?

   1 Never
   2 Once or twice
   3 Occasionally
   4 Regularly in the past
   5 Regularly now

2. Have you ever taken or used smokeless tobacco (chewing tobacco, snuff, plug, dipping tobacco)?

   1 Never
   2 Once or twice
   3 Occasionally but not regularly
   4 Regularly in the past
   5 Regularly now

(Alcoholic beverages include beer, wine, wine coolers, and liquor.)

3. Have you ever had more than just a few sips of beer, wine, wine coolers, or liquor to drink?

   1 No
   2 Yes

4. On how many occasions in your lifetime have you had alcoholic beverages to drink (more than just a few sips)?

   1 0 occasions
   2 1-2 occasions
   3 3-5 occasions
   4 6-9 occasions
   5 10-19 occasions
   6 20-39 occasions
   7 40 or more

Lifetime Use Scale (cont'd):

5. On how many occasions in your lifetime (if any) have you been drunk or very high from drinking alcoholic beverages?

   1 0 occasions
   2 1-2 occasions
   3 3-5 occasions
   4 6-9 occasions
   5 10-19 occasions
   6 20-39 occasions
   7 40 or more

6. On how many occasions in your lifetime (if any) have you used marijuana (grass, pot) or hashish (hash, hash oil)?

   1 0 occasions
   2 1-2 occasions
   3 3-5 occasions
   4 6-9 occasions
   5 10-19 occasions
   6 20-39 occasions
   7 40 or more

7. On how many occasions in your lifetime (if any) have you sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any other gases or sprays in order to get high?

   1 0
   2 1-2
   3 3-5
   4 6-9
   5 10-19
   6 20-39
   7 40+

Lifetime Use Scale (cont'd):

Amphetamines are sometimes called: uppers, ups, speed, bennies, dexies, pep pills, diet pills, meth or crystal meth. They include the following drugs: Benzedrine, Dexedrine, Methedrine, Ritalin, Preludin, Dexamyl, and Methamphetamine.

8. On how many occasions (if any) in your lifetime have you taken amphetamines on your own—that is, without a doctor telling you to take them?

1 0 Occasions
2 1-2 Occasions
3 3-5 Occasions
4 6-9 Occasions
5 10-19 Occasions
6 20-39 Occasions
7 40 or More Occasions

9. On how many occasions (if any) in your lifetime have you used "crack" (cocaine in chunk or rock form)?

1 0 Occasions
2 1-2 Occasions
3 3-5 Occasions
4 6-9 Occasions
5 10-19 Occasions
6 20-39 Occasions
7 40 or More Occasions

10. On how many occasions (if any) in your lifetime have you taken cocaine in any other form (like cocaine powder)?

1 0 Occasions
2 1-2 Occasions
3 3-5 Occasions
4 6-9 Occasions
5 10-19 Occasions
6 20-39 Occasions
7 40 or More Occasions

ATOD USE

1. Construct: **Age of First Use**

2. Name and Description of Instrument: **National Household Survey on Substance Abuse**

3. Construct Operational Definition as used in Instrument: Age specific substance first tried.

4. Reliability: Not applicable

5. Validity: Not available

6. Target Population:

7. Population instrument has been used with and associate psychometric data:
   Age Group/Ethnic Group/Gender/Geographic

8. Respondent: Self

9. Ease of use/scoring

10. Number of items in scale: 7

11. Mode of Administration: ACACI for 1999 NHSDA; Pencil and Paper for 1998 (questions unchanged)

12. Strength of relationship to ATOD and other problem behaviors:

13. Source: See overall bibliography

14. Author: Public Domain (NIDA)

15. Availability: Public Domain

16. Cost: None

17. Copyright: None

18. Citation Information (abstracts, where used)

    See overall bibliography for Task Force

ATOD USE

Age of First Use Scale:

How old were you the first time you…
Write how old you were the first time you…
If you have never in your life…Please mark the box.

1. How old were you the first time you smoked a cigarette, even one or two puffs?

   - ‘ The first time I smoked a cigarette, I was _____ years old
   - ‘ I have never smoked a cigarette in my life

2. How old were you the first time you had a drink of any alcoholic beverage? (Do not include sips from another person’s drink.)

   - ‘ The first time I drank an alcoholic beverage, I was _____ years old
   - ‘ I have never drunk an alcoholic beverage in my life

3. How old were you the first time you used marijuana or hashish?

   - ‘ The first time I used marijuana or hashish, I was _____ years old
   - ‘ I have never used marijuana or hashish in my life

4. How old were you the first time you used cocaine, in any form?

   - ‘ The first time I used “crack,” I was _____ years old
   - ‘ I have never used “crack” in my life

5. How old were you the first time you used heroin?

   - ‘ The first time I used heroin, I was _____ years old
   - ‘ I have never used heroin in my life

6. How old were you the first time you used LSD, PCP, or any other hallucinogen?

   - ‘ The first time I used a hallucinogen, I was _____ years old
   - ‘ I have never used any hallucinogen in my life

7. How old were you the first time you used any inhalant for kicks or to get high?

   - ‘ The first time I used any inhalant for kicks or to get high, I was _____ years old
   - ‘ I have never used any inhalant for kicks or to get high in my life

ATOD USE

1. Construct: **30-day use**

2. Name and Description of Instrument: **Monitoring the Future Survey**

3. Construct Operational Definition as used in Instrument: Includes if ever used in 30 days, as well as questions regarding quantity.

4. Reliability: Not Applicable

5. Validity: Self reported substance use has been found to relate consistently to a number of other variables tapping attitudes and beliefs related to use, such as delinquency, truancy and grades in school.

6. Target Population: General population of students in 8^{th}, 10^{th} and 12^{th} grades

7. Population instrument has been used with and associate psychometric data:
   Age Group/Ethnic Group/Gender/Geographic

   Normed with different populations

8. Respondent: Self

9. Ease of use/scoring: Not Applicable

10. Number of items in scale: 12

11. Mode of Administration: Pencil and Paper self-report

12. Strength of relationship to ATOD and other problem behaviors: Direct/self-evident

13. Source: Contact author of CSAP Project Officer

14. Author: Lloyd Johnston/University of Michigan

15. Availability: Public Domain

16. Cost: None

17. Copyright: None

18. Citation Information (abstracts, where used)

    See overall bibliography for Task Force

ATOD USE

30-day Use Scale:

1. How frequently have you smoked cigarettes during the past 30 days?

   1 Not at all
   2 Less than one cigarette per day
   3 One to five cigarettes per day
   4 About one-half pack per day
   5 About one pack per day
   6 About one and one-half packs per day
   7 Two packs or more per day

2. How often have you taken smokeless tobacco during the past 30 days?

   1 Not at all
   2 Once or twice
   3 Once to twice per week
   4 Three to five times per week
   5 About once a day
   6 More than once a day

3. To be more precise, during the past 30 days about how many cigarettes have you smoked per day?

   1 None
   2 Less than 1 per day
   3 1 to 2
   4 3 to 7
   5 8 to 12
   6 13 to 17
   7 18 to 22
   8 23 to 27
   9 28 to 32
   10 33 to 37
   11 38 or more

30-day Use Scale (cont'd):

Alcoholic beverages include beer, wine, wine coolers, and liquor.

4. On how many occasions during the last 30 days have you had alcoholic beverages to drink (more than just a few sips)?

   1 0 occasions
   2 1-2 occasions
   3 3-5 occasions
   4 6-9 occasions
   5 10-19 occasions
   6 20-39 occasions
   7 40 or more

5. On how many occasions during the past 30 days (if any) have you been drunk or very high from drinking alcoholic beverages?

   1 0 occasions
   2 1-2 occasions
   3 3-5 occasions
   4 6-9 occasions
   5 10-19 occasions
   6 20-39 occasions
   7 40 or more

6. On how many occasions during the last 30 days (if any) have you used marijuana (grass, pot) or hashish (hash, hash oil)?

   1 0 occasions
   2 1-2 occasions
   3 3-5 occasions
   4 6-9 occasions
   5 10-19 occasions
   6 20-39 occasions
   7 40 or more

30-day Use Scale (cont'd):

7. During the LAST MONTH, about how many marijuana cigarettes (joints, reefers), or the equivalent, did you smoke a day, on the average? (If you shared them with other people, count only the amount YOU smoked).

   1 None
   2 Less than 1 a day
   3 1 a day
   4 2-3 a day
   5 4-6 a day
   6 7-10 a day
   7 11 ore more a day

8. On how many occasions during the last 30 days (if any) have you sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any other gases or sprays in order to get high?

   1 0
   2 1-2
   3 3-5
   4 6-9
   5 10-19
   6 20-39
   7 40+

9. On how many occasions (if any) during the last 30 days have you taken LSD ("acid")?

   1 0 Occasions
   2 1-2 Occasions
   3 3-5 Occasions
   4 6-9 Occasions
   5 10-19 Occasions
   6 20-39 Occasions
   7 40 or More Occasions

30-day Use Scale (cont'd):

Amphetamines are sometimes called: uppers, ups, speed, bennies, dexies, pep pills, diet pills, meth or crystal meth. They include the following drugs: Benzedrine, Dexedrine, Methedrine, Ritalin, Preludin, Dexamyl, and Methamphetamine.

10. On how many occasions (if any) during the last 30 days have you taken amphetamines on your own—hat is, without a doctor telling you to take them?

    1 0 Occasions
    2 1-2 Occasions
    3 3-5 Occasions
    4 6-9 Occasions
    5 10-19 Occasions
    6 20-39 Occasions
    7 40 or More Occasions

11. On how many occasions (if any) during the last 30 days have you taken "crack" (cocaine in chunk or rock form)?

    1 0 Occasions
    2 1-2 Occasions
    3 3-5 Occasions
    4 6-9 Occasions
    5 10-19 Occasions
    6 20-39 Occasions
    7 40 or More Occasions

12. On how many occasions (if any) during the last 30 days have you taken cocaine in any other form (like cocaine powder)?

    1 0 Occasions
    2 1-2 Occasions
    3 3-5 Occasions
    4 6-9 Occasions
    5 10-19 Occasions
    6 20-39 Occasions
    7 40 or More Occasions

ATOD USE

1. Construct: **Dependency**

2. Name and Description of Instrument: **Monitoring the Future Survey**

3. Construct Operational Definition as used in Instrument: Physical or psychological reliance on alcohol, tobacco or drugs

4. Reliability: Not Applicable

5. Validity: Self reported substance use has been found to relate consistently to a number of other variables tapping attitudes and beliefs related to use, such as delinquency, truancy and grades in school.

6. Target Population: General population of students in 8^{th}, 10^{th} and 12^{th} grades

7. Population instrument has been used with and associate psychometric data:
   Age Group/Ethnic Group/Gender/Geographic

   Normed with different populations

8. Respondent: Self

9. Ease of use/scoring: Not applicable

10. Number of items in scale: 6

11. Mode of Administration: Pencil and Paper self-report

12. Strength of relationship to ATOD and other problem behaviors: Direct/self-evident

13. Source: Contact author of CSAP Project Officer

14. Author: Lloyd Johnston/University of Michigan

15. Availability: Public Domain

16. Cost: None

17. Copyright: None

18. Citation Information (abstracts, where used)

    See overall bibliography for Task Force

ATOD USE

Dependency Scale:

1. Was there ever a time in your life when you tried to quit using cigarettes or reduce your use and had difficulty doing so?

   8 Never used
   1 No
   2 Yes

2. Was there ever a time in your life when you tried to quit using alcohol or reduce your use and had difficulty doing so?

   8 Never used
   1 No
   2 Yes

3. Was there ever a time in your life when you tried to quit using marijuana or reduce your use and had difficulty doing so?

   8 Never used
   1 No
   2 Yes

4. Was there ever a time in your life when you tried to quit using cocaine ("crack," powder, etc.) or reduce your use and had difficulty doing so?

   8 Never used
   1 No
   2 Yes

5. Was there ever a time in your life when you tried to quit using heroin or reduce your use and had difficulty doing so?

   8 Never used
   1 No
   2 Yes

6. Was there ever a time in your life when you tried to quit using any other illegal drugs or reduce your use and had difficulty doing so?

   8 Never used
   1 No
   2 Yes

ATOD USE

1. Construct: **Problem Drinking**

2. Name and Description of Instrument: **CAGE**

3. Construct Operational Definition as used in Instrument: Alcohol consumption that results in problems for the individual using.

4. Reliability: Dichotomous questions

5. Validity: Good face validity

6. Target Population: General population and clinical settings

7. Population instrument has been used with and associate psychometric data:
   Age Group/Ethnic Group/Gender/Geographic

   See narrative and bibliography for populations groups. Mixed reviews among college populations

8. Respondent: Self

9. Ease of use/scoring: Dichotomous questions. Two or more positive answers suggest the existence of alcohol-related problems is probable.

10. Number of items in scale: 4

11. Mode of Administration: Pencil and Paper self-report

12. Strength of relationship to ATOD and other problem behaviors: Direct/self-evident

13. Source: See overall bibliography; website: http://www.unc.edu/alcohol/cage.html

14. Author: Public Domain

15. Availability: Public Domain

16. Cost: None

17. Copyright: Public Domain

18. Citation Information (abstracts, where used)

    See overall bibliography for Task Force

Problem Drinking Scale:

1. Have you ever felt you should cut down on your drinking?

   1 Yes
   0 No

2. Have people annoyed you by criticizing your drinking?

   1 Yes
   0 No

3. Have you ever felt bad or guilty about your drinking?

   1 Yes
   0 No

4. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye opener)?

   1 Yes
   0 No

ATOD USE

1. Construct: **Binge Drinking**

2. Name and Description of Instrument: **Monitoring the Future Survey**

3. Construct Operational Definition as used in Instrument: Heavy drinking on a given occasion

4. Reliability: Not applicable

5. Validity: Self reported substance use has been found to relate consistently to a number of other variables tapping attitudes and beliefs related to use, such as delinquency, truancy and grades in school.

6. Target Population: General population of students in 8^{th}, 10^{th} and 12^{th} grades

7. Population instrument has been used with and associate psychometric data:
   Age Group/Ethnic Group/Gender/Geographic

   Normed with different populations

8. Respondent: Self

9. Ease of use/scoring: Not applicable

10. Number of items in scale: 6

11. Mode of Administration: Pencil and Paper self-report

12. Strength of relationship to ATOD and other problem behaviors: Direct/self-evident

13. Source: Contact author of CSAP Project Officer

14. Author: Lloyd Johnston/University of Michigan

15. Availability: Public Domain

16. Cost: None

17. Copyright: None

18. Citation Information (abstracts, where used)

    See overall bibliography for Task Force

Binge Drinking Scale:

1. On how many occasions in your lifetime (if any) have you been drunk or very high from drinking alcoholic beverages?

   1 0 occasions
   2 1-2 occasions
   3 3-5 occasions
   4 6-9 occasions
   5 10-19 occasions
   6 20-39 occasions
   7 40 or more

2. On how many occasions during the past 30 days (if any) have you been drunk or very high from drinking alcoholic beverages?

   1 0 occasions
   2 1-2 occasions
   3 3-5 occasions
   4 6-9 occasions
   5 10-19 occasions
   6 20-39 occasions
   7 40 or more

A drink is a glass of wine, a bottle of beer, a wine cooler, a shot glass of liquor, or a mixed drink.

3. Think back over the LAST TWO WEEKS. How many times have you had five or more drinks in a row?

   1 None
   2 Once
   3 Twice
   4 3 to 5 times
   5 6 to 9 times
   6 10 or more times

Binge Drinking Scale (cont'd):

4. During the last two weeks, how many times have you had 3 or 4 drinks in a row (but no more than that)?

   1 None
   2 Once
   3 Twice
   4 3 to 5 times
   5 6 to 9 times
   6 10 or more times

5. During the last two weeks, how many times have you had two drinks in a row (but no more than that)?

   1 None
   2 Once
   3 Twice
   4 3 to 5 times
   5 6 to 9 times
   6 10 or more times

6. During the last two weeks, how many times have you had just one drink?

   1 None
   2 Once
   3 Twice
   4 3 to 5 times
   5 6 to 9 times
   6 10 or more times

BIBLIOGRAPHY FOR ATOD DOMAIN

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IV. INDIVIDUAL/PEER DOMAIN

TABLE OF CORE MEASURES
DOMAINS, CONSTRUCTS, AND INSTRUMENTS

Domain Code	Construct Name	Sub-Construct Scale	Instrument Name	Version
Individual/Peer	Rebelliousness/	Rebelliousness	Student Survey of Risk and Protective Factors	98
	Rebelliousness/	Impulsiveness	Student Survey of Risk and Protective Factors	98
	Antisocial Attitudes	Favorable Attitudes Toward Antisocial Behavior	Student Survey of Risk and Protective Factors	98
	Antisocial Attitudes	Belief in the Moral Order	Student Survey of Risk and Protective Factors	98
	Self-Esteem		Rosenberg's Self-Esteem Scale	
	Attitude Toward Use	Favorable Attitudes Toward Use	Student Survey of Risk and Protective Factors	98
	Attitude Toward Use	Disapproval of Drug Use	Monitoring the Future	96
	Perceived Harm/Risk	Perceived Harm	Monitoring the Future	96
	Perceived Harm/Risk	Perceived Risk of Drug Use	Student Survey of Risk and Protective Factors	98
	Intentions/Expectations		Tanglewood Research Evaluation	11/99
	Life Skills	Stress Management Skills	Tanglewood Research Evaluation (Wake Forest Evaluation)	11/99
	Life Skills	Decision Making Skills	Tanglewood Research Evaluation (Wake Forest Evaluation)	11/99
	Life Skills	Social Skills	Tanglewood Research Evaluation (Wake Forest Evaluation)	11/99
	Life Skills	Goal Setting Skills	Tanglewood Research Evaluation (Wake Forest Evaluation)	11/99
	Life Skills	Assertiveness	Botvin Life Skills Evaluation	
	Normative Beliefs	Beliefs About Peer Norms	Tanglewood Research Evaluation (Wake Forest Evaluation)	11/99
	Normative Beliefs	Interaction with Antisocial Peers	Student Survey of Risk and Protective Factors	98

TABLE OF CORE MEASURES (CONTINUED)

Domain Code	Construct Name	Sub-Construct Scale	Instrument Name	Version
Individual/Peer (cont'd)	Leadership/Mentoring		Tanglewood Research Evaluation (Wake Forest Evaluation)	11/99
	Antisocial Behavior		In progress	
	Engagement in Prosocial Activities		In progress	
	Media Literacy		In progress	
	Mental Health Factors		In progress	
	Religiosity		In progress	
	Resistance Skills		In progress	
	Risk Taking/Sensation Seeking		In progress	

IV. RECOMMENDED MEASURES OF INDIVIDUAL/PEER

Focus and Unique Issues Related to Individual and Peer Measures

Prevention programs are based on the premise that the onset of drug use is deterred because key characteristics of the individual or the environment, often the peer group, can be changed. These characteristics are variously referred to as risk or protective factors or mediators by program designers. The goal of prevention program implementation is to change a selected number of these characteristics in positive ways. These changes then serve to suppress risk or augment protection (or both). Measuring these characteristics is key to determining short-term program effectiveness, as well as understanding how programs achieve their effects.

Unique Limits

Individual and peer measures have been used extensively in evaluating prevention programs. From this perspective, the challenge we faced was limiting the number of scales down to a manageable number. There are many versions of many of these scales. It appears that these scales can be modified in a number of ways and not lose their meaning and interpretability. For example, we noted that from scale to scale the number of items were changed, the response categories replaced, and the wording of questions changed to benefit the field. This suggests that the scales are robust and measure the concept intended. In all, over 70 scales were identified. We have limited recommended scales to 36 that represent those which are most reliable, have good face validity, meet the needs of specific age groups, and are most likely to be sensitive to program induced changes.

Rationale for Recommendations

The recommended measures include a broad range of individual and peer group characteristics that are often targeted by prevention programs. Not all programs target all characteristics listed. Indeed, no single program could conceivably target all possible risk and protective factors. It is therefore recommended that individual and peer measures be selected to correspond specifically to those characteristics that an intervention is designed to affect.

Our task force identified promising sets of measures in the following fourteen classes of individual and peer measures.

1. Antisocial Behavior

Antisocial behavior refers to non-ATOD behaviors that are thought to correlate with drug use. Notably, violence and delinquency are considered important to this topic area. From a programmatic perspective, many interventions that target delinquency and violence also target drug use. These behaviors, when considered together with drug use, represent the broader focus often referred to as problem behaviors.

It became quickly evident that the 11 instruments initially identified to measure antisocial behavior assessed a variety of behaviors and activities, none of which we felt were particularly antisocial. While we found dozens of instruments, given the criteria for inclusion, we only considered a few in earnest.

Two of the instruments considered were variants of the 1957 Nye-Short inventory. The first, which we are recommending for capturing data on antisocial behavior among youth is the National Youth Survey's Antisocial Scale. This inventory was selected and is notable for its brevity (only 15 items), its National contrast group (the NYS), and its breadth of questions, ranging from stealing items worth less than $5.00 to attacking someone with the idea of seriously hurting or killing them. On the down side, the interval period for reporting is "In the past year have you..." which given the relatively low base rate of many of these behaviors, is not entirely unwarranted, but is unlikely to be sensitive to intervention effects. Nonetheless, we believe that the attractive features of this inventory make it appropriate for estimating the prevalence of antisocial behavior in CSAP study samples. The second variant of the Nye-Short was the age 13 self-report inventory from the Development of Aggression study by Lefkowitz, Eron, Walder, & Huesmann (1977). This inventory is 26 items long and asks "How many times in the last three years...." While querying more activities, the three-year reporting period and overlap with the NYS inventory made this a less attractive inventory to recommend.

A third self-report inventory was examined. The Buss-Perry Aggression Questionnaire (Buss & Perry, 1992) is an updated version of the Buss-Durkee Aggression Inventory (Buss & Durkee, 1957). This inventory has two scales, a 9 item inventory assessing physical aggression and a 5 item scale for verbal aggression (alpha's = .85 and .72 respectively; 9 week test-retest reliability = .80 and .76 respectively). No time period for reporting is specified in this inventory and response options.

In addition to the three self-report inventories, two sociometric (peer-nomination) inventories were examined for possible recommendation. The first, Lefkowitz, Eron, Walder, and Huesmann's (1977) 8th grade aggression inventory, while popular, was rejected because it assesses both aggressive

classroom behaviors and disruptive behaviors that may not be aggressive in origin (that is, without aggressive intent). The second sociometric instrument examined was the Pupil Evaluation Inventory (PEI) developed by Pekarik et al. (19XX). This 35 item questionnaire contains three homogeneous and stable factors which were labeled aggression, withdrawal, and likability. Similar to the Lefkowitz et al. inventory, the aggression items in the PEI seem to tap constructs that may not be antisocial in origin, but that are correlates of antisocial behaviors.

2. Rebelliousness/Impulsiveness

We found a number of items that were intended to measure tendencies toward deviance that theorists have suggested to be personality traits of individuals. The focus of these measures is somewhat vague. It has been difficult for researchers to find a single appropriate label for this category of measures. Hence, we used each of the variations—risk taking, rebelliousness, sensation seeking, and impulsiveness—in our definition of the concept. These measures are not as important as targets of intervention, as they are as independent predictors of drug use that may be used to help understand how interventions affect different types of participants.

- **Risk Taking**—Two risk taking measures were identified: Risk Taking Tendencies from the Life-Skills Training Evaluation (Botvin; LST) and the AAPT Life-Skills Risk-Taking Inventory. We selected the 4-item Botvin scale as being more representative of Risk-Taking than the 2-item AAPT. The two items on the AAPT scale seem to confound sensation seeking and rebelliousness in constructing risk. Since we have chosen to break out these constructs, Botvin is more precisely on construct.

- **Rebelliousness**—Rebelliousness is tapped by the SDRG Student Survey and has a reasonable coefficient alpha of .78. It is a 3-item scale that speaks fairly directly to the respondent's desire not to conform. Ideally, a scale tapping this construct would avoid intention, or at least narrowly construe it. Thus, the first item of the scale would be improved without the second phrase "just to get them mad." It is a phrase that unnecessarily limits (for this purpose) the item.

- **Sensation Seeking**—We selected the Kentucky Sensation Seeking Scale by Zuckerman. While the 15-item UK Scale is fairly long, it has good face validity and is likely to be sensitive to assessing sensation seeking. The draw-back is that, at 15-items, this scale is somewhat burdensome to the respondent.

- **Impulsiveness**—We distinguished between impulsive decision-making, a construct better suited to older youth and impulsive behavior, a construct more consistent with much of the thinking about younger youth. To assess impulsive decision-making, we selected the 12-item Kentucky Impulsive Decision-making Scale by Zimmerman and for assessing

impulsive behavior we selected the 4-item SDRG student survey. With the exception of the fourth item of the SDRG, the questions are simply worded and the response categories are both visually and verbally intuitive. The Kentucky scale uses the root, "When I do something..." which is vague, and uses response options that are probably too broad to be very sensitive in detecting change, nonetheless the items assessed are representative of an impulsive decision-making style and the 12 items cover a broad range of applications of this style. It would be worthwhile to observe this scale in action to see if our concerns regarding sensitivity are warranted and if changing the response categories is necessary.

3. Antisocial Attitudes

Related to antisocial behaviors are antisocial attitudes. Unlike risk taking, rebelliousness, sensation seeking, and impulsiveness, antisocial attitudes are often targeted for change in interventions.

Two scales are offered to assess antisocial attitudes. The first, for younger youth, is the Belief in the Moral Order scale from the Student Survey of Risk and Protective Factors by Michael Arthur. This 4-item scale, with a coefficient alpha of .78, uses simple sentence structure to assess, not so much the respondent's attitudes towards or tolerance of other's antisocial behaviors (both reasonable interpretations of a construct broadly titled "antisocial attitudes"), but the extent to which the respondent has adopted mainstream values. To the extent this captures what is meant by antisocial attitudes in younger populations, the instrument has good face validity and other acceptable properties.

The second scale was also developed by Michael Arthur and is also taken from the Student Survey of Risk and Protective Factors. Three of the five items on this scale, titled Favorable Attitudes Toward Antisocial Behavior (alpha coefficient = .83), have good face validity for assessing tolerance towards "Someone your age" engaging in fairly serious levels of levels of violent and potentially violent behavior. It strikes us as unlikely that responses to these three items would show great variability (e.g., how many think that it is "not wrong at all" to "attack someone with the idea for seriously hurting them?"). The other two items assess pretty trivial deviance (i.e., stealing anything worth more than $5.00 and staying away from school when their parents think they are at school). Combined with a 4-item Likert scale ranging from "very wrong" to "not wrong at all" the general insensitivity of this scale may limit its usefulness for assessing attitude change attributable to an intervention.

4. Mental Health Factors

Our search for instruments in this class of measures is incomplete. There are many clinical instruments that exist. However, most of these focus on assisting clinicians with diagnosis among restricted populations and were never intended to be used as measures that would be sensitive to school- or community-based interventions. We recommend one.

Because of the variability of constructs, the broad range of instrumentation, and history of mental health assessment we have chosen to limit our recommendations in this category to two instruments for depression, the original proximal outcome identified in San Antonio. Since depression is only one of many possible proximal outcomes that might be identified and targeted by local intervention, we recommend the Burrus Measurement Manual (19XX) to those seeking instrumentation for assessing anger, anxiety, hopelessness, and the like. Alternately, the Ovid Technology Inc. database Health and Psychological Instruments (HAPI)—available in many university libraries or on the web at www.ovid.com —a resource that catalogs the documents reporting on the development, validity and reliability of many instruments appropriate under the broad heading "Mental Health Factors."

For younger youth we recommend the Depression inventory by Michael Arthur (coefficient alpha .86). This 4-item scale assesses the respondent's general level of depression using fairly simple sentence structure and the "NO!" to "YES!" response categories that we feel are easily understood by young respondents. For older respondents, the 20-item Center for Epidemiological Studies-Depression Scale (CES-D) is our choice for assessing depression. This scale is to be commended for its ability to tap situational depression (the response interval being "during the last week" and it's simple question structure. While our reference refers to its use for screening older well adults, we feel that this instrument is likely to have construct validity among the younger populations CSAP seeks to serve.

5. Self-Esteem

Self-esteem is a construct of vague importance to prevention. Most researchers have come to believe it has little potential as a mediator of drug use behavior. However, it remains a popular construct among practitioners. Essentially, self-esteem scales are intended to measure an individual's feelings of self-worth.

While various scales are available to assess adolescent self-esteem, none are perhaps more widely known or applied than the Rosenberg Scale for Self-Esteem. For those wishing to measure this construct, we recommend this instrument. This scale has good reliability. The Rosenberg Self-Esteem

scale has a Guttman scale coefficient of .92, indicating excellent reliability. Test-retest reliability shows correlations of .85 and .88 over two weeks, indicating excellent stability.

6. Attitude Toward Use

Many programs target changing attitudes towards use. While attitudes is a common term, researchers have developed multiple ways of measuring attitudes. Three distinct approaches to measuring attitudes toward use were identified and are recommended for assessing attitudes towards substance use.

For those looking for a short instrument, the 4-item Favorable Attitudes Toward Drug Use scale from the SDRG developed by Michael Arthur is recommended. It anchors responses to use by "someone your own age" and has a coefficient alpha of .88. It has the disadvantage of not distinguishing between high or low levels of use, but has the advantage of assessing alcohol, tobacco, marijuana, and other illicit drug use separately. The questions are simply worded and the burden to respondents is low.

For those looking for a longer and somewhat more developed scale, the 16-item Disapproval of Drug Use from the Monitoring the Future study is recommended. It distinguishes between experimental, occasional, and regular use of alcohol, tobacco, and marijuana; experimental and regular use of inhalants; and experimental and occasional use of cocaine in powdered or crack form, and heroin use without using a needle. The items are easily answered, but the response categories (i.e., "Don't disapprove," "Disapprove," "Strongly disapprove," and "Can't say, or drug unfamiliar") seem broad and may show limited variance when used to assess change attributable to program effectiveness.

The Lifestyle Incongruence scale assesses the degree to which drug use would interfere with an individual's desired lifestyle. This scale was developed to address the potential for programs to use cognitive dissonance. Alpha coefficients vary between 0.75 and 0.79. The scale has been shown to correlate highly with drug and alcohol use measures. For example, the one-year lagged correlation between Lifestyle Incongruence and alcohol use was -0.61 and with tobacco was -0.60. The items are easily answered.

7. Perceived Harm/Risk

Perceived harm or risk is associated with drug use as part of a larger constellation of expectancies of drug use that includes the positive and negative reinforcers of use, the knowledge and

fear of consequences of use, and the expectations of the physical and social consequences of use. It is clear that researchers have addressed this issue from at least two perspectives. One perspective has focused on potential negative health consequences. The second approach has viewed both positive and negative consequences and has dealt with social and psychological consequences in addition to health consequences. Because it is such a multi-faceted and multidimensional construct we are recommending three instruments that each take a slightly different approach to the assessment.

The first, the 20-item Expectancies of Drug Use scale by Gil Botvin, assesses well the social aspects that draw youth towards and away from drug use. It has the advantage of assessing the social costs of several substances along the social dimensions of whether or not respondents agree with the statement that the substance makes them look grown up, look cool, have more friends, have more fun, or is a good way of dealing with their problems. The subscale alpha coefficients range between .78 and .82.

The second scale that we recommend combines role, psychological, and social expectancies about drug use and is appropriately titled the Psycho-social Expectancies About Drug Use inventory developed by Graham, Hansen, Flay, Johnson, Anderson & Pentz (Hansen & McNeal, 1997). The eight items in this inventory have a coefficient alpha of .66 and assess several dimensions of generally gateway drug use (although one question does ask whether cocaine would help you have more fun at parties).

The third instrument is the 14-item Perceived Harm Inventory taken from the Monitoring the Future study and developed by Lloyd Johnston. Although the stem of each item in this inventory asks "how much do you think people risk harming themselves (physically or in other ways) if they..." it was felt that this instrument primarily addresses the physical risks associated with substance use. This instrument asks about the harm associated with smoking one or more packs of cigarettes and the experimental, occasional, or regular use of alcohol, marijuana, and powder and crack cocaine. We would like to have seen items on the experimental and occasional use of tobacco included in this instrument.

8. Intentions/Expectations to Use/Commitment to Avoid Use

Intentions to use drugs—and conversely the commitment to not use drugs—have long been known to be important predictors of drug use. In the 1970's research on intentions focused on measuring intentions by asking people the likelihood of their future use of a given substance. This approach demonstrated a strong relationship between intentions and drug use, but failed to address the motivational aspect of intentionality. Programs that were designed to augment commitment to avoid

drug use in the future focused on intentionality to the exclusion of changing the possible perceived likelihood of future behavior.

We identified two related scales for assessing commitments from youth. Both were developed by Bill Hansen at Tanglewood Research (formerly of Wake Forest University). The short version includes 8 items and has an alpha coefficient of 0.84. This measure had a one-year lagged correlation with alcohol of -0.57 and with tobacco of -0.59. The longer version has 12 items. It includes all of the 8-item version questions plus questions about commitment to avoiding violence and pre-marital sexual activity.

9. Normative Beliefs

Group norms define what the group does and finds acceptable. Normative beliefs, meanwhile, reflect a given individual's *perceptions* of the group's behavior and what they *expect* the group to find acceptable and unacceptable. Students who use drugs are more likely to have poor normative beliefs than students who do not use drugs. Young people are known to have exaggerated normative beliefs when contrasted with the aggregate beliefs and practices of their reference group. Norm setting programs attempt to correct these erroneous and exaggerated beliefs. Measures that have been recommended should be sensitive to changes in normative beliefs among students. However, it should be noted that conventional beliefs about norms "erode" as students mature. Therefore, in many evaluations, the greatest change in normative beliefs often occurs among the control group with normative beliefs in that group worsening over time.

There were a number of normative belief scales available to select from. All of them had good alpha coefficients indicating good reliability. Further, many studies using many different measures of normative beliefs have demonstrated strong correlations between these measures and drug use. We selected two measures. One developed by Bill Hansen of Tanglewood Research (formerly from Wake Forest University) focuses on normative beliefs about prevalence and acceptability of drug use. (Many of the measures examined included only a focus on prevalence and were therefore incomplete as program evaluation tools.) This scale includes 8 items and has an alpha coefficient of 0.88. (A longer version of this scale includes 12 items that assesses normative beliefs about drugs, violence and sexual activity.)

10. Life Skills

Prevention programs developed during the 1970's, 1980's, and 1990's have frequently addressed the development of a variety of personal competencies collectively known as life skills.

These include a diverse array of characteristics such as the ability to make logical and reasoned decisions, the ability to solve personal problems, the ability to set and achieve personal goals, the ability to cope with stress and stressful situations, the ability to be assertive, the ability to make and keep friends and get along with others in social situations, and the ability to communicate with others. It should be noted that these skills are general skills—as opposed to skills specifically related to dealing with issues directly related to drugs, violence, or other high-risk behaviors.

Because these characteristics are the focus of change, there were a number of possible scales to choose from. Some scales are clearly program-specific. That is, they were designed to track the adoption of practices uniquely worded to fit with the language used in a particular program. We opted for scales with good reliability that were more general in nature. We recommend six different scales. One is very general, the remaining five are specific to topics often targeted by prevention programs.

The most general of life skills assessment scales is the Coping Skills Inventory. This is a multi-component scale. Its 40 items assess eight dimensions of coping; problem solving, cognitive restructuring, express emotions, social contact, problem avoidance, wishful thinking, self-criticism, and social withdrawal. Reliability of the various sub-scales range from 0.67 to 0.83. This scale is suggested for evaluating programs that have general approaches to building coping skills.

We recommend a four-item scale by Bill Hansen (Tanglewood Research) for measuring students ability to cope with stress. This scale has an alpha coefficient of 0.75. There is also a four-item scale for measuring the application of common decision making skills, also by Bill Hansen. This scale has an alpha coefficient of 0.70.

We recommend a nine-item scale by Gilbert Botvin (Cornell University) for assessing assertiveness. This scale has an alpha coefficient of 0.82. The items tend to be somewhat related to a specific program, *Life Skills Training*, but appear to be suitable to the general assessment of assertiveness as well.

A five item scale by Bill Hansen (Tanglewood Research) for measuring general social skills, notably making friends and getting along with people has also been included. The alpha coefficient for this scale is 0.63. Finally, there is a six-item scale by Bill Hansen (Tanglewood Research) for assessing goal setting skills. This scale has and alpha coefficient of 0.77.

11. Resistance Skills

Resistance skills refer to the ability of youths to refuse offers and temptations to use drugs. Resistance skills have been classified differently than life skills because of the direct attention to drugs and other problem behaviors that have been integrated into these scales. That is, as opposed to a general skill, resistance skills are specifically targeted at drug-related events.

We recommend two scales. For those requiring a short scale, a four-item scales is available from the National Youth Survey that assesses how difficult it would be for youths to say no to offers to use alcohol, cigarettes, marijuana, and other drugs. The alpha coefficient for this scale is 0.93.

The second recommended scale has eight items. In addition to assessing how difficult it would be to refuse an offer to use a drug, this scale also assesses confidence at actually implementing a refusal. This breadth allows a slightly broader characteristic to be assessed that may be important for evaluating some prevention programs. The alpha for this scale is 0.80. This scale correlates well with drug use. The lagged correlation between this scale and one-year subsequent to measurement alcohol use was -0.47 and with tobacco was -0.41.

12. Engagement in Pro-Social Activities with Friends/Peers

Unstructured and unsupervised time has been shown to be a risk-factor for drug use onset. This is an area in which good measures were not found.

13. Religiosity

Religiosity may be of interest primarily as a moderator of behavior rather than as a variable targeted for intervention. We found three scales that addressed different aspects of religious thought and behavior.

The first scale measures participation in religious activities, notably attending church and reading religious materials. This scale contains four items and has an alpha coefficient of 0.79. The second scale measures the salience of religion, primarily assessing the importance of religion in daily life. The alpha coefficient for this scale is 0.85. The final scale is titled “Hellfire” and measures personal beliefs regarding divine rewards and punishments for personal behavior. Aside from the controversial title, this scale has excellent internal consistency with an alpha of 0.88. It contains seven items. This scale may be useful for assessing a belief in a general moral order.

14. Leadership/Mentoring

This area was difficult for the committee to address for several reasons. There may be many purposes for measuring leadership or leadership qualities in prevention. However, the terms leadership and mentoring are only loosely tied to known interventions.

One approach that might qualify for such measures revolves around peer assistance programs in which students provide aid to other students in helping them solve personal problems, including drug use. It is the ability to find assistance and render aid that appears to be the salient issue, not leadership in its classic sense. We identified one measure, Assistance Skills by Bill Hansen (Tanglewood Research) that addressed this area. The recommended scale includes five items and has an alpha coefficient of 0.71. This scale is actually somewhat diverse and measures the frequency with which others come asking for advice and the frequency with which helps is given.

A second area in which leadership is often mentioned is in relation to the use of peer opinion leaders for delivering programs. The primary concern of measurement has to date been identifying those who have pre-existing leadership qualities, not necessarily building leadership characteristics in them after they have been identified. There are known methods for identifying peer opinion leaders. However, these surveys are often open-ended (and therefore of a different format than the rest of the surveys that have been considered) and often require either extra effort or extra skill to tally and to code. Such scales, furthermore are not intended to be used as indicators of successful program outcomes but are used for program completion. We therefore did not include them as recommended items.

Recommendations for the Future

Our task force recommended that additional work be completed in several areas. Most notably, there are existing mental health measures that need to be reviewed and considered. There are many topics, including depression, suicidality, anger, emotional expression, and so forth that have received extensive attention for clinical diagnosis purposes. Appropriate measures that may be suitable indicators for normal and high-risk populations need to be identified and included.

There is also a need to develop measures related to media exposure and skills for responding to media that promote inappropriate norms related to drug use. The current ONDCP, NIDA, and CSAP media efforts should result in a number of new measures for assessing these topics.

INDIVIDUAL/PEER

1. Construct: **Rebelliousness/Impulsiveness**

2. Name and Description of Instrument/Scale: **Student Survey of Risk and Protective Factors/Rebelliousness**

3. Construct Operational Definition as used in Instrument: Assesses student's willingness to seek out rebellious behavior.

4. Reliability: 0.78

5. Validity: High concurrent validity with drug and alcohol use and delinquency.

6. Target Population: General population of students in 6th, 8th, 10th, and 12th

7. Populations instrument has been used with and associated psychometric data
   Age Group/Ethnic Group/Gender/Geographic

   Normed with different ethnic populations

8. Respondent: Self

9. Ease of use/scoring: Four-point scale (Very false to Very true)

10. Number of items in scale: 3

11. Mode of Administration: Pencil and Paper self-report

12. Strength of relationship to ATOD and other problem behaviors:

13. Source: Contact Author or CSAP Project Officer

14. Author: Arthur, Hawkins, Catalano and Pollard

15. Availability: Public Domain

16. Cost: None

17. Copyright: Public Domain

18. Citation Information (abstracts, where used)

INDIVIDUAL/PEER

Rebelliousness Scale:

1. I do the opposite of what people tell me, just to get them mad.

   Very false Somewhat false Somewhat true Very true

2. I ignore rules that get in my way.

   Very false Somewhat false Somewhat true Very true

3. I like to see how much I can get away with.

   Very false Somewhat false Somewhat true Very true

INDIVIDUAL/PEER

1. Construct: **Rebelliousness/Impulsiveness**

2. Name and Description of Instrument/Scale: **Student Survey of Risk and Protective Factors/Impulsiveness**

3. Construct Operational Definition as used in Instrument: Assesses student's tendency toward impulsive behavior.

4. Reliability: 0.86

5. Validity: High concurrent validity with drug and alcohol use and delinquency.

6. Target Population: General population of students in 6th, 8th, 10th, and 12th

7. Populations instrument has been used with and associated psychometric data
   Age Group/Ethnic Group/Gender/Geographic

   Normed with different ethnic populations

8. Respondent: Self

9. Ease of use/scoring: Four-point scale (NO! To YES!)

10. Number of items in scale: 4

11. Mode of Administration: Pencil and Paper self-report

12. Strength of relationship to ATOD and other problem behaviors:

13. Source: Contact Author or CSAP Project Officer

14. Author: Arthur, Hawkins, Catalano and Pollard

15. Availability: Public Domain

16. Cost: None

17. Copyright: Public Domain

18. Citation Information (abstracts, where used)

INDIVIDUAL/PEER

Impulsiveness Scale:

1.	It is important to think before you act.	NO!	no	yes	YES!
2.	Do you have to have everything right away?	NO!	no	yes	YES!
3.	I often do things without thinking about what will happen.	NO!	no	yes	YES!
4.	Do you often switch from activity to activity rather than sticking to one thing at a time?	NO!	no	yes	YES!

INDIVIDUAL/PEER

1. Construct: **Antisocial Attitudes**

2. Name and Description of Instrument/Scale: **Student Survey of Risk and Protective Factors/Favorable Attitudes Toward Antisocial Behavior**

3. Construct Operational Definition as used in Instrument: Assesses student's attitude toward violent behavior.

4. Reliability: 0.83

5. Validity: High concurrent validity with drug and alcohol use and delinquency.

6. Target Population: General population of students in 6th, 8th, 10th, and 12th

7. Populations instrument has been used with and associated psychometric data
   Age Group/Ethnic Group/Gender/Geographic

   Normed with different ethnic populations

8. Respondent: Self

9. Ease of use/scoring: Four-point scale (Very wrong to Not wrong at all)

10. Number of items in scale: 5

11. Mode of Administration: Pencil and Paper self-report

12. Strength of relationship to ATOD and other problem behaviors:

13. Source: Contact Author or CSAP Project Officer

14. Author: Arthur, Hawkins, Catalano and Pollard

15. Availability: Public Domain

16. Cost: None

17. Copyright: Public Domain

18. Citation Information (abstracts, where used)

INDIVIDUAL/PEER

Favorable Attitudes Toward Antisocial Behavior Scale:

1. How wrong do you think it is for someone your age to take a handgun to school?

   Very wrong Wrong A little bit wrong Not wrong at all

2. How wrong do you think it is for someone your age to steal anything worth more than $5?

   Very wrong Wrong A little bit wrong Not wrong at all

3. How wrong do you think it is for someone your age to pick a fight with someone?

   Very wrong Wrong A little bit wrong Not wrong at all

4. How wrong do you think it is for someone your age to attack someone with the idea of seriously hurting them?

   Very wrong Wrong A little bit wrong Not wrong at all

5. How wrong do you think it is for someone your age to stay away from school all day when their parents think they are at school?

   Very wrong Wrong A little bit wrong Not wrong at all

INDIVIDUAL/PEER

1. Construct: **Antisocial Attitudes**

2. Name and Description of Instrument/Scale: **Student Survey of Risk and Protective Factors/Belief in the Moral Order**

3. Construct Operational Definition as used in Instrument: Assesses student's attitude toward morality issues through their reactions to specific scenarios.

4. Reliability: 0.73

5. Validity: High concurrent validity with drug and alcohol use and delinquency.

6. Target Population: General population of students in 6th, 8th, 10th, and 12th

7. Populations instrument has been used with and associated psychometric data
   Age Group/Ethnic Group/Gender/Geographic

   Normed with different ethnic populations

8. Respondent: Self

9. Ease of use/scoring: Four-point scale (NO! to YES!)

10. Number of items in scale: 4

11. Mode of Administration: Pencil and Paper self-report

12. Strength of relationship to ATOD and other problem behaviors:

13. Source: Contact Author or CSAP Project Officer

14. Author: Arthur, Hawkins, Catalano and Pollard

15. Availability: Public Domain

16. Cost: None

17. Copyright: Public Domain

18. Citation Information (abstracts, where used)

INDIVIDUAL/PEER

Belief in the Moral Order Scale:

1.	I think it is okay to take something without asking if you can get away with it.	NO!	no	yes	YES!
2.	I think sometimes it's okay to cheat at school.	NO!	no	yes	YES!
3.	It is all right to beat up people if they start the fight.	NO!	no	yes	YES!
4.	It us important to be honest with your parents, even if they become upset or you get punished.	NO!	no	yes	YES!

INDIVIDUAL/PEER

1. Construct: **Self-esteem**

2. Name and Description of Instrument/Scale: **Rosenberg Self-esteem Scale**

3. Construct Operational Definition as used in Instruments: Assesses characteristics of self-esteem.

4. Reliability: 0.92. Test-retest has correlations of .85 and .88 over two weeks.

5. Validity: Not Available

6. Target Populations: Unspecified

7. Populations instrument has been used with and associated psychometric data
   Age Group/Ethnic Group/Gender/Geographic

   Unspecified

8. Respondent: Self

9. Ease of use/scoring: Four-point scale (Strongly agree to Strongly disagree)

10. Number of items in scale: 10

11. Mode of Administration: Pencil and paper self-report

12. Strength of relationship to ATOD and other problem behaviors:

13. Source: See Citation Information

14. Author: Rosenberg

15. Availability: Public Domain

16. Cost: None

17. Copyright: Public Domain

18. Citation Information (abstracts, where used)

    Rosenberg M. (1965).

INDIVIDUAL/PEER

Rosenberg Self-esteem Scale:

1. I feel that I am a person of worth, at least on an equal basis with others.

   Strongly agree Agree Disagree Strongly disagree

2. I feel that I have a number of good qualities.

   Strongly agree Agree Disagree Strongly disagree

3. I really feel that I am a failure.

   Strongly agree Agree Disagree Strongly disagree

4. I am able to do things as well as most other people.

   Strongly agree Agree Disagree Strongly disagree

5. I do not have much to be proud of.

   Strongly agree Agree Disagree Strongly disagree

6. I take a positive attitude toward myself.

   Strongly agree Agree Disagree Strongly disagree

7. On the whole, I am satisfied with myself.

   Strongly agree Agree Disagree Strongly disagree

8. I wish I could have more respect for myself.

   Strongly agree Agree Disagree Strongly disagree

9. I certainly feel useless at times.

   Strongly agree Agree Disagree Strongly disagree

10. At times I think I am no good at all.

    Strongly agree Agree Disagree Strongly disagree

INDIVIDUAL/PEER

1. Construct: **Attitude Toward Use**

2. Name and Description of Instrument/Scale: **Student Survey of Risk and Protective Factors/Favorable Attitudes Toward Drug Use**

3. Construct Operational Definition as used in Instrument: Assesses student's attitudes toward using drugs.

4. Reliability: 0.88

5. Validity: High concurrent validity with drug and alcohol use and delinquency.

6. Target Population: General population of students in 6th, 8th, 10th, and 12th

7. Populations instrument has been used with and associated psychometric data
   Age Group/Ethnic Group/Gender/Geographic

   Normed with different ethnic populations

8. Respondent: Self

9. Ease of use/scoring: Four-point scale (Very wrong to Not wrong at all)

10. Number of items in scale: 4

11. Mode of Administration: Pencil and Paper self-report

12. Strength of relationship to ATOD and other problem behaviors:

13. Source: Contact Author or CSAP Project Officer

14. Author: Arthur, Hawkins, Catalano and Pollard

15. Availability: Public Domain

16. Cost: None

17. Copyright: Public Domain

18. Citation Information (abstracts, where used)

INDIVIDUAL/PEER

Favorable Attitudes Toward Drug Use Scale:

1. How wrong do you think it is for someone your age to drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?

   Very wrong Wrong A little bit wrong Not wrong at all

2. How wrong do you think it is for someone your age to smoke cigarettes?

   Very wrong Wrong A little bit wrong Not wrong at all

3. How wrong do you think it is for someone your age to smoke marijuana?

   Very wrong Wrong A little bit wrong Not wrong at all

4. How wrong do you think it is for someone your age to use LSD, cocaine, amphetamines or another illegal drug?

   Very wrong Wrong A little bit wrong Not wrong at all

INDIVIDUAL/PEER

1. Construct: **Attitude Toward Use**

2. Name and Description of Instrument/Scale: **Monitoring the Future/Disapproval of Drug Use**

3. Construct Operational Definition as used in Instrument: Assesses student's attitudes toward using drugs.

4. Reliability: Not Applicable

5. Validity: Disapproval of Drug Use has been found to negatively relate to use and onset of use.

6. Target Population: General population of students in 8th, 10th, and 12th grades

7. Populations instrument has been used with and associated psychometric data
   Age Group/Ethnic Group/Gender/Geographic

   Has been normed with several subpopulations, including Whites, African-Americans, and Hispanics

8. Respondent: Self

9. Ease of use/scoring: 3-point Likert scale with not applicable listing

10. Number of items in scale: 16

11. Mode of Administration: Pencil and Paper self-report

12. Strength of relationship to ATOD and other problem behaviors:

13. Source: Contact Author or CSAP Project Officer

14. Author: Johnston

15. Availability: Public Domain

16. Cost: None

17. Copyright: Public Domain

18. Citation Information (abstracts, where used)

INDIVIDUAL/PEER

Disapproval of Drug Use Scale:

Do YOU disapprove of people doing each of the following?

1. Smoking one or more packs of cigarettes per day

   Don't disapprove Disapprove Strongly disapprove Can't say or drug unfamiliar

2. Using smokeless tobacco regularly

   Don't disapprove Disapprove Strongly disapprove Can't say or drug unfamiliar

3. Trying marijuana once or twice

   Don't disapprove Disapprove Strongly disapprove Can't say or drug unfamiliar

4. Smoking marijuana occasionally

   Don't disapprove Disapprove Strongly disapprove Can't say or drug unfamiliar

5. Smoking marijuana regularly

   Don't disapprove Disapprove Strongly disapprove Can't say or drug unfamiliar

6. Trying cocaine in powder form once or twice

   Don't disapprove Disapprove Strongly disapprove Can't say or drug unfamiliar

7. Taking cocaine powder occasionally

   Don't disapprove Disapprove Strongly disapprove Can't say or drug unfamiliar

8. Trying "crack" cocaine once or twice

   Don't disapprove Disapprove Strongly disapprove Can't say or drug unfamiliar

9. Taking "crack" cocaine occasionally

   Don't disapprove Disapprove Strongly disapprove Can't say or drug unfamiliar

10. Trying one or two drinks of an alcoholic beverage (beer, wine, liquor)

    Don't disapprove Disapprove Strongly disapprove Can't say or drug unfamiliar

Disapproval of Drug Use Scale (cont'd):

11. Taking one or two drinks nearly every day

    Don't disapprove Disapprove Strongly disapprove Can't say or drug unfamiliar

12. Having five or more drinks once or twice each weekend

    Don't disapprove Disapprove Strongly disapprove Can't say or drug unfamiliar

13. Sniffing glue, gases, or sprays once or twice

    Don't disapprove Disapprove Strongly disapprove Can't say or drug unfamiliar

14. Sniffing glue, gases, or sprays regularly

    Don't disapprove Disapprove Strongly disapprove Can't say or drug unfamiliar

15. Trying heroin once or twice without using a needle

    Don't disapprove Disapprove Strongly disapprove Can't say or drug unfamiliar

16. Trying heroin occasionally without using a needle

    Don't disapprove Disapprove Strongly disapprove Can't say or drug unfamiliar

INDIVIDUAL/PEER

1. Construct: **Perceived Harm/Risk**

2. Name and Description of Instrument/Scale: **Monitoring the Future/Perceived Harm**

3. Construct Operational Definition as used in Instrument: Assesses the opinions of physical harm/risk from substance abuse

4. Reliability: Not applicable

5. Validity: Perceived harm from substance use has been found to negatively relate to use and onset of use.

6. Target Population: General population of students in 8th, 10th, and 12th grades

7. Populations instrument has been used with and associated psychometric data
   Age Group/Ethnic Group/Gender/Geographic

   Has been normed with several subpopulations, including Whites, African-Americans and Hispanics

8. Respondent: Self

9. Ease of use/scoring: 4-point Likert scale with "not familiar with drug" listing

10. Number of items in scale: 14

11. Mode of Administration: Pencil and Paper self-report

12. Strength of relationship to ATOD and other problem behaviors:

13. Source: Contact Author or CSAP Project Officer

14. Author: Johnston

15. Availability: Public Domain

16. Cost: None

17. Copyright: Public Domain

18. Citation Information (abstracts, where used)

Perceived Harm Scale:

How much do you think people risk harming themselves (physically or in other ways) if they...

1. Smoke one or more packs of cigarettes per day
   1 No risk
   2 Slight risk
   3 Moderate risk
   4 Great risk
   5 Can't Say/Drug Unfamiliar
2. Try marijuana once or twice
   1 No risk
   2 Slight risk
   3 Moderate risk
   4 Great risk
   5 Can't Say/Drug Unfamiliar
3. Smoke marijuana occasionally
   1 No risk
   2 Slight risk
   3 Moderate risk
   4 Great risk
   5 Can't Say/Drug Unfamiliar
4. Smoke marijuana regularly
   1 No risk
   2 Slight risk
   3 Moderate risk
   4 Great risk
   5 Can't Say/Drug Unfamiliar
5. Try cocaine in powder form one or twice
   1 No risk
   2 Slight risk
   3 Moderate risk
   4 Great risk
   5 Can't Say/Drug Unfamiliar
6. Take cocaine powder occasionally
   1 No risk
   2 Slight risk
   3 Moderate risk
   4 Great risk
   5 Can't Say/Drug Unfamiliar
7. Take cocaine powder regularly
   1 No risk
   2 Slight risk
   3 Moderate risk
   4 Great risk
   5 Can't Say/Drug Unfamiliar
8. Try "crack" cocaine once or twice
   1 No risk
   2 Slight risk
   3 Moderate risk
   4 Great risk
   5 Can't Say/Drug Unfamiliar
9. Try "crack" cocaine occasionally
   1 No risk
   2 Slight risk
   3 Moderate risk
   4 Great risk
   5 Can't Say/Drug Unfamiliar
10. Try crack cocaine regularly
    1 No risk
    2 Slight risk
    3 Moderate risk
    4 Great risk
    5 Can't Say/Drug Unfamiliar
11. Try one or two drinks of an alcoholic beverage (beer, wine, liquor)
    1 No risk
    2 Slight risk
    3 Moderate risk
    4 Great risk
    5 Can't Say/Drug Unfamiliar
12. Take one or two drinks nearly every day
    1 No risk
    2 Slight risk
    3 Moderate risk
    4 Great risk
    5 Can't Say/Drug Unfamiliar
13. Take four of five drinks nearly every day
    1 No risk
    2 Slight risk
    3 Moderate risk
    4 Great risk
    5 Can't Say/Drug Unfamiliar
14. Have five or more drinks once or twice each weekend
    1 No risk
    2 Slight risk
    3 Moderate risk
    4 Great risk
    5 Can't Say/Drug Unfamiliar

INDIVIDUAL/PEER

1. Construct: **Perceived Harm/Risk**

2. Name and Description of Instrument/Scale: **Student Survey of Risk and Protective Factors/Perceived Risk of Drug Use**

3. Construct Operational Definition as used in Instrument: Assesses student's perception of the potential risk due to drug use.

4. Reliability: 0.88

5. Validity: High concurrent validity with drug and alcohol use and delinquency.

6. Target Population: General population of students in 6th, 8th, 10th, and 12th

7. Populations instrument has been used with and associated psychometric data
   Age Group/Ethnic Group/Gender/Geographic

   Normed with different ethnic populations

8. Respondent: Self

9. Ease of use/scoring: Four-point scale (No risk to Great risk)

10. Number of items in scale: 4

11. Mode of Administration: Pencil and Paper self-report

12. Strength of relationship to ATOD and other problem behaviors:

13. Source: Contact Author or CSAP Project Officer

14. Author: Arthur, Hawkins, Catalano and Pollard

15. Availability: Public Domain

16. Cost: None

17. Copyright: Public Domain

18. Citation Information (abstracts, where used)

Perceived Risk of Drug Use Scale:

1. How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes per day?

   No risk Slight risk Moderate risk Great risk

2. How much do you think people risk harming themselves (physically or in other ways) if they try marijuana once or twice?

   No risk Slight risk Moderate risk Great risk

3. How much do you think people risk harming themselves (physically or in other ways) if they smoke marijuana regularly?

   No risk Slight risk Moderate risk Great risk

4. How much do you think people risk harming themselves (physically or in other ways) if they take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?

   No risk Slight risk Moderate risk Great risk

INDIVIDUAL/PEER

1. Construct: **Intentions/Expectations to Use**

2. Name and Description of Instrument/Scale: **Tanglewood Research Evaluation/Commitment to Not Use Drugs**

3. Construct Operational Definition as used in Instrument: Assesses commitment to not use drugs, to avoid violence, and to wait until marriage to have sex.

4. Reliability: 0.84

5. Validity: Not available

6. Target Population: White, African-American, Hispanic, middle school, junior high school, high school

7. Populations instrument has been used with and associated psychometric data Age Group/Ethnic Group/Gender/Geographic

8. Respondent: Self

9. Ease of use/scoring: easy, sex items may be controversial

10. Number of items in scale: 8

11. Mode of Administration: Pencil and Paper self-report

12. Strength of relationship to ATOD and other problem behaviors:

13. Source: Contact Dr. Bill Hansen
    1-800-826-4539

14. Author: Hansen

15. Availability: Approved for CSAP use with source citation

16. Cost: None

17. Copyright: Tanglewood Research

18. Citation Information (abstracts, where used)

    Hansen, W.B. (1996)

Commitment to Not Use Drugs Scale:

1. I have made a final decision to stay away from marijuana.

   Strongly Agree Agree Disagree Strongly Disagree

2. I have decided that I will smoke cigarettes.

   Strongly Agree Agree Disagree Strongly Disagree

3. If I had the chance and knew I would not be caught, I would get drunk.

   Strongly Agree Agree Disagree Strongly Disagree

4. I plan to get drunk sometime in the next year.

   Strongly Agree Agree Disagree Strongly Disagree

5. I have made a promise to myself that I will not drink alcohol.

   Strongly Agree Agree Disagree Strongly Disagree

6. I have told at least one person that I do not intend to smoke.

   Strongly Agree Agree Disagree Strongly Disagree

7. It is clear to my friends that I am committed to living a drug-free life.

   Strongly Agree Agree Disagree Strongly Disagree

8. I have signed my name to a pledge saying that I will not use marijuana or drugs.

   Strongly Agree Agree Disagree Strongly Disagree

INDIVIDUAL/PEER

1. Construct: **Life Skills**

2. Name and Description of Instrument/Scale: **Stress Management Skills**

3. Construct Operational Definition as used in Instrument: Assesses skills needed to manage stress.

4. Reliability: 0.75

5. Validity: Not available

6. Target Population: White, African-American, Hispanic, middle school, junior high school, high school

7. Populations instrument has been used with and associated psychometric data
   Age Group/Ethnic Group/Gender/Geographic

8. Respondent: Self

9. Ease of use/scoring: easy

10. Number of items in scale: 4

11. Mode of Administration: Pencil and Paper self-report

12. Strength of relationship to ATOD and other problem behaviors:

13. Source: Contact Dr. Bill Hansen
    1-800-826-4539

14. Author: Hansen

15. Availability: Approved for CSAP use with source reference

16. Cost: None

17. Copyright: Tanglewood Research (formerly Wake Forest Evaluation)

18. Citation Information (abstracts, where used)

    Hansen, W.B. (1997)

Stress Management Skills Scale:

1. I handle stress very well.

   Strongly Agree Agree a little Disagree a little Strongly Disagree

2. Stressful situations are very difficult for me to deal with.

   Strongly Agree Agree a little Disagree a little Strongly Disagree

3. I know how to relax when I feel too much pressure.

   Strongly Agree Agree a little Disagree a little Strongly Disagree

4. I know what to do to handle a stressful situation.

   Strongly Agree Agree a little Disagree a little Strongly Disagree

INDIVIDUAL/PEER

1. Construct: **Life Skills**

2. Name and Description of Instrument/Scale: **Decision Making Skills**

3. Construct Operational Definition as used in Instrument: Assesses perceived ability to make thoughtful decisions and follow steps typical of decision making training

4. Reliability: 0.70

5. Validity: Not Available

6. Target Population: White, African-American, Hispanic, middle school, junior high school

7. Populations instrument has been used with and associated psychometric data
   Age Group/Ethnic Group/Gender/Geographic

8. Respondent: Self

9. Ease of use/scoring: easy

10. Number of items in scale: 4

11. Mode of Administration: Pencil and Paper self-report

12. Strength of relationship to ATOD and other problem behaviors:

13. Source: Contact Dr. Bill Hansen
    1-800-826-4539

14. Author: Hansen

15. Availability: Approved for CSAP use with source reference

16. Cost: None

17. Copyright: Tanglewood Research (formerly Wake Forest Evaluation)

18. Citation Information (abstracts, where used)

    Hansen, W.B. (1997)

Decision Making Skills Scale:

1. How often do you stop to think about your options before you make a decision?

   Never Sometimes, but not often Often All the time

2. How often do you stop to think about how your decisions may affect others' feelings?

   Never Sometimes, but not often Often All the time

3. How often do you stop and think about all of the things that may happen as a result of your decisions?

   Never Sometimes, but not often Often All the time

4. I make good decisions.

   Never Sometimes, but not often Often All the time

INDIVIDUAL/PEER

1. Construct: **Life Skills**

2. Name and Description of Instrument/Scale: **Social Skills**

3. Construct Operational Definition as used in Instrument: Assesses youths' ability to make friends and get along with others.

4. Reliability: 0.63

5. Validity:

6. Target Population: White, African-American, Hispanic, middle school, junior high school, high school

7. Populations instrument has been used with and associated psychometric data
   Age Group/Ethnic Group/Gender/Geographic

8. Respondent: Self

9. Ease of use/scoring: easy

10. Number of items in scale: 5

11. Mode of Administration: Pencil and Paper self-report

12. Strength of relationship to ATOD and other problem behaviors:

13. Source: Contact Dr. Bill Hansen
    1-800-826-4539

14. Author: Hansen

15. Availability: Approved for CSAP use with source reference

16. Cost: None

17. Copyright: Tanglewood Research (formerly Wake Forest Evaluation)

18. Citation Information (abstracts, where used)

    Hansen, W.B. (1997)

INDIVIDUAL/PEER

Social Skills Scale:

1. I know how to make friends with people of the opposite sex.

___ Strongly agree ___ Agree a little ___ Disagree a little ___ Strongly disagree

2. If I want my friends to go along with me, I know what to say to them.

___ Strongly agree ___ Agree a little ___ Disagree a little ___ Strongly disagree

3. It is easy for me to make new friends.

___ Strongly agree ___ Agree a little ___ Disagree a little ___ Strongly disagree

4. It is easy for me to ask my friends for favors and help when I need to.

___ Strongly agree ___ Agree a little ___ Disagree a little ___ Strongly disagree

5. How hard or easy is it for you to get along with other people?

___ Very easy ___ Pretty easy ___ Pretty hard ___ Very hard

INDIVIDUAL/PEER

1. Construct: **Life Skills**

2. Name and Description of Instrument/Scale: **Goal Setting Skills**

3. Construct Operational Definition as used in Instrument: Assesses goal setting skills and application of goal setting tendencies.

4. Reliability: 0.77

5. Validity: Not Available

6. Target Population: White, African-American, Hispanic, middle school, junior high school, high school

7. Populations instrument has been used with and associated psychometric data
   Age Group/Ethnic Group/Gender/Geographic

8. Respondent: Self

9. Ease of use/scoring: easy

10. Number of items in scale: 6

11. Mode of Administration: Pencil and Paper self-report

12. Strength of relationship to ATOD and other problem behaviors:

13. Source: Contact Dr. Bill Hansen
    1-800-826-4539

14. Author: Hansen

15. Availability: Approved for CSAP use with source reference

16. Cost: None

17. Copyright: Tanglewood Research (formerly Wake Forest Evaluation)

18. Citation Information (abstracts, where used)

    Hansen, W.B. (1997)

INDIVIDUAL/PEER

Goal Setting Skills Scale:

1. How often do you work on goals that you have set for yourself.

   Never Sometimes, but not often Often All the time

2. Once I set a goal, I don't give up until I achieve it.

   Strongly agree Agree Disagree Strongly disagree

3. Whenever I do something, I always give it my best.

   Strongly agree Agree Disagree Strongly disagree

4. I think about what I would like to be when I become an adult.

   Never Sometimes, but not often Often All the time

5. How often do you set goals to achieve?

   I usually don't set goals
   I sometimes set goals
   I usually set goals
   I always set goals

6. When I set a goal, I think about what I need to do to achieve that goal.

   Never Sometimes, but not often Often All the time

INDIVIDUAL/PEER

1. Construct: **Life Skills**

2. Name and Description of Instrument/Scale: **Botvin Life Skills Training Evaluation/ Assertiveness**

3. Construct Operational Definition as used in Instrument: An assessment of assertiveness for adolescents

4. Reliability: 0.82

5. Validity: Not Available

6. Target Population: White, African-American, Hispanic, middle school, junior high school, high school

7. Populations instrument has been used with and associated psychometric data
Age Group/Ethnic Group/Gender/Geographic

8. Respondent: Self

9. Ease of use/scoring: easy

10. Number of items in scale: 9

11. Mode of Administration: Pencil and Paper self-report

12. Strength of relationship to ATOD and other problem behaviors:

13. Source: Gilbert Botvin, Ph.D.

14. Author: Botvin

15. Availability: Public Domain

16. Cost: None

17. Copyright: Public Domain

18. Citation Information (abstracts, where used)

INDIVIDUAL/PEER

Assertiveness Scale:

How likely would you be to do the following things?

Take something back to the store, if it doesn't work right.
- Definitely would
- Probably would
- Not sure
- Probably would not
- Definitely would not

Ask people to give back things that they have borrowed, if they forget to give them back to you.
- Definitely would
- Probably would
- Not sure
- Probably would not
- Definitely would not

Tell someone if they give you less change (money) than you're supposed to get back after you pay for something.
- Definitely would
- Probably would
- Not sure
- Probably would not
- Definitely would not

Tell people your opinion, even if you know they will not agree with you.
- Definitely would
- Probably would
- Not sure
- Probably would not
- Definitely would not

Ask someone for a favor.
- Definitely would
- Probably would
- Not sure
- Probably would not
- Definitely would not

Tell someone to go to the end of the line if they try to cut in line ahead of you.
- Definitely would
- Probably would
- Not sure
- Probably would not
- Definitely would not

Start a conversation with someone you would like to know better.
- Definitely would
- Probably would
- Not sure
- Probably would not
- Definitely would not

Keep a conversation going by asking questions.
- Definitely would
- Probably would
- Not sure
- Probably would not
- Definitely would not

Give and receive compliments without acting or feeling stupid.
- Definitely would
- Probably would
- Not sure
- Probably would not
- Definitely would not

INDIVIDUAL/PEER

1. Construct: **Normative Beliefs (Specific to Use)**

2. Name and Description of Instrument/Scale: **Beliefs About Peer Norms**

3. Construct Operational Definition as used in Instrument: Assesses beliefs about the prevalence and acceptability of drug use among peers.

4. Reliability: 0.88

5. Validity: Not Available

6. Target Population: White, African-American, Hispanic, middle school, junior high school, high school

7. Populations instrument has been used with and associated psychometric data
   Age Group/Ethnic Group/Gender/Geographic

8. Respondent: Self

9. Ease of use/scoring: easy

10. Number of items in scale: 8

11. Mode of Administration: Pencil and Paper self-report

12. Strength of relationship to ATOD and other problem behaviors:

13. Source: Contact Dr. Bill Hansen
    1-800-826-4539

14. Author: Hansen

15. Availability: Approved for CSAP use with source reference

16. Cost: None

17. Copyright: Tanglewood Research (formerly Wake Forest Evaluation)

18. Citation Information (abstracts, where used)

    Hansen, W.B. (1997).

Beliefs About Peer Norms Scale:

1. How many of your closest friends do you think have used marijuana during the past 30 days?

   All of them Most of them Some of them None of them

2. How many of your closest friends do you think have been drunk during the past 30 days?

   All of them Most of them Some of them None of them

3. What would your best friends think if you tried using marijuana?

   They would be angry with me
   They would be a little upset
   They wouldn't care one way or the other
   They would accept me
   They would be glad

4. People who use drugs are stupid. How do you think your closest friends feel about this statement?

   Strongly agree Agree Disagree Strongly disagree

5. What would your best friends think if you got drunk once in a while?

   They would be angry with me
   They would be a little upset
   They wouldn't care one way or the other
   They would accept me
   They would be glad

6. How many of your closest friends do you think have had some kind of alcoholic beverage during the past 30 days?

   All of them Most of them Some of them None of them

7. It is cool to get drunk. How do you think your closest friends feel about this statement?

   Strongly agree Agree Disagree Strongly disagree

8. How many of your closest friends do you think have used a drug like cocaine or heroin during the past 30 days?

   All of them Most of them Some of them None of them

INDIVIDUAL/PEER

1. Construct: **Normative Beliefs (Antisocial Norms)**

2. Name and Description of Instrument/Scale: **Student Survey of Risk and Protective Factors/Interaction with Antisocial Peers**

3. Construct Operational Definition as used in Instrument: Assesses student's normative beliefs about their friends' engagement in antisocial activities

4. Reliability: 0.86

5. Validity: High concurrent validity with drug and alcohol use and delinquency.

6. Target Population: General population of students in 6th, 8th, 10th, and 12th

7. Populations instrument has been used with and associated psychometric data
   Age Group/Ethnic Group/Gender/Geographic

   Normed with different ethnic populations

8. Respondent: Self

9. Ease of use/scoring: Easy to use

10. Number of items in scale: 6

11. Mode of Administration: Pencil and Paper self-report

12. Strength of relationship to ATOD and other problem behaviors:

13. Source: Contact Author or CSAP Project Officer

14. Author: Arthur, Hawkins, Catalano and Pollard

15. Availability: Public Domain

16. Cost: None

17. Copyright: Public Domain

18. Citation Information (abstracts, where used)

Interaction with Antisocial Peers Scale:

1. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have been suspended from school?

   None of my friends
   1 of my friends
   2 of my friends
   3 of my friends
   4 of my friends

2. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have carried a handgun?

   None of my friends
   1 of my friends
   2 of my friends
   3 of my friends
   4 of my friends

3. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have sold illegal drugs?

   None of my friends
   1 of my friends
   2 of my friends
   3 of my friends
   4 of my friends

4. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have stolen or tried to steal a motor vehicle such as a car or motorcycle?

   None of my friends
   1 of my friends
   2 of my friends
   3 of my friends
   4 of my friends

5. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have been arrested?

   None of my friends
   1 of my friends
   2 of my friends
   3 of my friends
   4 of my friends

6. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have dropped out of school?

   None of my friends
   1 of my friends
   2 of my friends
   3 of my friends
   4 of my friends

INDIVIDUAL/PEER

1. Construct: **Leadership/Mentoring**

2. Name and Description of Instrument/Scale: **Assistance Skills**

3. Construct Operational Definition as used in Instrument: Assesses youths' ability to give help to peers and get help for themselves when they have problems.

4. Reliability: 0.71

5. Validity: Not Available

6. Target Population: White, African-American, Hispanic, middle school, junior high school, high school

7. Populations instrument has been used with and associated psychometric data
   Age Group/Ethnic Group/Gender/Geographic

8. Respondent: Self

9. Ease of use/scoring: easy

10. Number of items in scale: 5

11. Mode of Administration: Pencil and Paper self-report

12. Strength of relationship to ATOD and other problem behaviors:

13. Source: Contact Dr. Bill Hansen
    1-800-826-4539

14. Author: Hansen

15. Availability: Approved for CSAP use with source reference

16. Cost: None

17. Copyright: Tanglewood Research (formerly Wake Forest Evaluation)

18. Citation Information (abstracts, where used)

    Hansen, W.B. (1997)

INDIVIDUAL/PEER

Assistance Skills Scale:

1. During the past 30 days, how many times have you given friends advice to help them solve a problem?

   No times
   1 to 2 times
   3 to 4 times
   5 to 6 times
   7 or more times

2. During the past 30 days, how many times have you told friends about what other people have said about them to help them understand their problems?

   No times
   1 to 2 times
   3 to 4 times
   5 to 6 times
   7 or more times

3. During the past 30 days, how many times have you tried to stop a friend from doing something that was bad for them?

   No times
   1 to 2 times
   3 to 4 times
   5 to 6 times
   7 to 9 times
   10 or more times

4. During the past 30 days, how many times have you told a friend about a counselor or other source of help they could use to help them solve a personal problem?

   No times
   1 to 2 times
   3 to 4 times
   5 to 6 times
   7 to 9 times
   10 or more times

5. How often do your friends come to you seeking your advice?

   All the time Quite often Rarely Never

INDIVIDUAL/PEER

Antisocial Behavior
(In-Progress)

INDIVIDUAL/PEER

Engagement in Prosocial Activities
(In-Progress)

INDIVIDUAL/PEER

Media Literacy
(In-Progress)

INDIVIDUAL/PEER

Mental Health Factors
(Anger, Depression, Anxiety, Hopelessness, Aggression)
(In-Progress)

INDIVIDUAL/PEER

Religiosity
(In-Progress)

INDIVIDUAL/PEER

Resistance Skills
(In-Progress)

INDIVIDUAL/PEER

Risk Taking
(In-Progress)

INDIVIDUAL/PEER

Sensation Seeking
(In-Progress)

BIBLIOGRAPHY FOR INDIVIDUAL/PEER DOMAIN

Hansen, W.B. Pilot Test Results Comparing the All Stars Program with Seventh Grade D.A.R.E.: Program Integrity and Mediating Variable Analysis. Substance Use & Misuse. 31(10): 1359-1377, 1996.

Hansen WB, McNeal RB. How D.A.R.E. works: An examination of program effects on mediating variables. Health Education & Behavior. 1997; 24(2): 165-176.

Rosenberg, M. Society and the Adolescent Self-image. Princeton, NJ: Princeton University Press, 1965.

V. School Domain

TABLE OF CORE MEASURES
DOMAINS, CONSTRUCTS, AND INSTRUMENTS

Domain Code	Construct Name	Sub-Construct Scale	Instrument Name	Version
School	School Bonding/ Commitment		Student Survey of Risk and Protective Factors	98
	School Grades and Records		Student Survey of Risk and Protective Factors	98
	Education Expectations and Aspirations		Monitoring the Future	96
	Parent-School Involvement		Parent-School Involvement	
	School Safety/ Dangerousness		Youth Risk Behavior Survey	97
	Academic Self-Esteem		In progress	
	Positive School Behaviors/Problem School Behaviors		In progress	
	School Climate		In progress	
	School Health and Environment Policies		In progress	

V. RECOMMENDED MEASURES OF SCHOOL

The school domain consist of a number of constructs that seek to capture student, parent and teacher experiences and beliefs about the educational process. One of the most common and consistent research finding is that the more children are failing and/or alienated from school the more likely they are to engage in substance abuse and related problem behaviors. To that end, many educational constructs are considered either risk or protective factors depending on whether they tend to buffer or increase risk of student involvement in substance use. These educational constructs often reflect the attitudes and experiences of student, parent and teachers range may include student and/or parent attitudes toward school, parent involvement child's education or teachers reports of student behaviors. The School Core Measures group reviewed a broad array of school related constructs and recommended multiple measures to assess them. The major constructs are described below.

School Bonding/Attitudes/Attachment[1]

One widely used proxy for parent or child connectedness to school that is inversely related to youth substance use is school bonding or attachment. School attachment or bonding has been defined as the extent to which an individual likes and enjoys school and has been assessed by a number of different measurement scales. (CSAP, 1997). Most scales are uni-dimensional, while others tap multi-dimensional constructs. Either way, school bonding scale capture student or parents subjective believes, attitudes and experiences with a school.

School Performance

School performance, whether characterized by self-report grades, school records or grade retention has also been moderately, and negatively associated with substance abuse (Grahm, 1996; Kingery, Pruitt, Brizzolara & Heuberger, 1996). Similar to school bonding, students who succeed in school by achieving higher grades are less likely to use ATOD which may be part of a larger constellation of attitudes, motivations and experiences that are incongruent with a drug using lifestyle. Additionally, higher levels of academic achievement often requires a significant investment of time and effort which may reduce opportunities to use drugs or reduce chances of affiliating with drug using peers.

[1] Additional sections for other school constructs were unavailable at the time of the printing of this report.

Educational Aspirations and Expectations

The degree to which a parent or child is committed to their education is also viewed as a protective factor. That is, the greater commitment a student has toward continuing his or her education, the less likely they would become involved in alcohol, tobacco and other drug use. These educational expectations serve a set of long and short term goals that ascertains how far they believe their educational attainment. Educational aspirations can be implemented by using multiple sources such as the student, teacher or parent reports of educational aspirations.

Parent-School Involvement and Bonding (Attitudes)

There is considerable interest in parent-report of their involvement and attitudes regarding teachers and schools. Numerous interventions now target the domain of parent-school involvement as a either a mediational variable or outcome of preventive interventions to improve function and reduce problem behavior. There are five dimensions that involve the larger construct of parent-school involvement and bonding (attitudes). They are:

- Parent Involvement in School Activities
- Parent Contact with Teacher
- Parent Attitudes Toward the School
- Parent Attitudes Toward the Teacher
- Parent Monitoring and Support of School Homework and Performance.

Thus, there a dimension at the teacher and school levels of both contact/participation and attitudes/comfort/bonding. Finally, there is a dimension of the quality/nature of the parent's home involvement in monitoring and supporting the child's school performance.

Although there are a number of measures of most of these construct at the elementary level, there is little in the way of measurement of these constructs at the middle and high-school levels. At this point there are no measures recommended at these higher grade/age levels. There are single item measures from the National Longitudinal Study of Adolescent Health that are not recommended due to the absence of data on validity and truncated response scale (Yes/No).

SCHOOL

1. Construct: **School Bonding/Commitment**

2. Name and Description of Instrument/Scale: **Student Survey of Risk and Protective Factors/Little Commitment to School**

3. Construct Operational Definition as used in Instrument: Measures low commitment to school in there of importance of school and assignments and level of interest/enjoyment in school.

4. Reliability: .76

5. Validity:

6. Target Population: General population of students in 6, 8, 10 and 12

7. Populations instrument has been used with and associated psychometric data
   Age Group/Ethnic Group/Gender/Geographic

   Normed with different ethnic populations

8. Respondent: Self

9. Ease of use/scoring:

10. Number of items in scale: 5

11. Mode of Administration: Pencil and Paper self report

12. Strength of relationship to ATOD and other problem behaviors:

13. Source: Contact Author or CSAP Project Officer

14. Author: Arthur, Hawkins, Catalano and Pollard

15. Availability: Public Domain

16. Cost: None

SCHOOL

17. Copyright: Public Domain

18: Citation Information (abstracts, where used)

Assorted article obtainable from Social Development Research Group
Website: http://weber.u.washington.edu/sdrg/#mineu
Email: sdrg@u.washington.edu

SCHOOL

School Bonding/Commitment Scale:

1. How often do you feel that the school work you are assigned is meaningful and important?

___ Almost always ___ Often ___ Sometimes ___ Seldom ___ Never

2. How interesting are most of your courses to you?

___ Very interesting and stimulating
___ Quite interesting
___ Fairly interesting
___ Slightly dull
___ Very dull

3. How important do you think things you are learning in school are going to be for your later life?

___ Very important
___ Quite important
___ Fairly important
___ Slightly important
___ Not at all important

4. *Now thinking back over the past year in school,...*

How often did you enjoy being in school?

___ Almost always ___ Often ___ Sometimes ___ Seldom ___ Never

How often did you hate being in school?

___ Almost always ___ Often ___ Sometimes ___ Seldom ___ Never

How often did you try to do your best in school?

___ Almost always ___ Often ___ Sometimes ___ Seldom ___ Never

School Bonding/Commitment Scale (cont'd):

5. *During the LAST FOUR WEEKS,...*

How many whole days have you missed because of illness?

None 1 2 3 4-5 6-10 11 or more

How many whole days have you missed because you skipped or cut?

None 1 2 3 4-5 6-10 11 or more

How many whole days have you missed for other reasons?

None 1 2 3 4-5 6-10 11 or more

SCHOOL

1. Construct: **School Grades and Records**

2. Name and Description of Instrument/Scale: **Student Survey of Risk and Protective Factors/Academic Failure**

3. Construct Operational Definition as used in Instrument: A self report of last year's grades.

4. Reliability: Not Applicable

5. Validity:

6. Target Population: General population of students in 6, 8, 10 and 12

7. Populations instrument has been used with and associated psychometric data
   Age Group/Ethnic Group/Gender/Geographic

   Normed with different ethnic populations

8. Respondent: Self

9. Ease of use/scoring:

10. Number of items in scale: 1

11. Mode of Administration: Pencil and Paper self report

12. Strength of relationship to ATOD and other problem behaviors:

13. Source: Contact Author or CSAP Project Officer

14. Author: Arthur, Hawkins, Catalano and Pollard

15. Availability: Public Domain

16. Cost: None

SCHOOL

17. Copyright: Public Domain

18: Citation Information (abstracts, where used)

Assorted article obtainable from Social Development Research Group
Website: http://weber.u.washington.edu/sdrg/#mineu
Email: sdrg@u.washington.edu

SCHOOL

Academic Failure SSRP Items Scale:

1. Putting then all together, what were your grades like last year?

_____ Mostly F’s
_____ Mostly D’s
_____ Mostly C’s
_____ Mostly B's
_____ Mostly A's

SCHOOL

1. Construct: **Education Expectations and Aspirations**

2. Name and Description of Instrument/Scale: **Monitoring the Future**

3. Construct Operational Definition as used in Instrument: Students' self-expectations for post-secondary education.

4. Reliability: Not Applicable

5. Validity:

6. Target Population: General population of students in 6, 8, 10 and 12

7. Populations instrument has been used with and associated psychometric data
   Age Group/Ethnic Group/Gender/Geographic

   Normed with different populations

8. Respondent: Self

9. Ease of use/scoring: 4-point Likert scale

10. Number of items in scale: 5

11. Mode of Administration: Pencil and Paper self-report

12. Strength of relationship to ATOD and other problem behaviors:

13. Source: Contact Author or CSAP Project Officer

14. Author: Johnston

15. Availability: Public Domain

16. Cost: None

17. Copyright: Public Domain

18. Citation Information (abstracts, where used)

SCHOOL

Education Expectations and Aspirations Scale:

How likely is it that you will do each of the following things after high school?

1. Attend a technical or vocational school.

   1 Definitely won't
   2 Probably won't
   3 Probably will
   4 Definitely will

2. Serve in the armed forces.

   1 Definitely won't
   2 Probably won't
   3 Probably will
   4 Definitely will

3. Graduate from a two-year college program.

   1 Definitely won't
   2 Probably won't
   3 Probably will
   4 Definitely will

4. Graduate from a college (four-year program).

   1 Definitely won't
   2 Probably won't
   3 Probably will
   4 Definitely will

5. Attend graduate or professional school after college.

   1 Definitely won't
   2 Probably won't
   3 Probably will
   4 Definitely will

SCHOOL

1. Construct: **Parent-School Involvement**

2. Name and Description of Instrument/Scale: **Parent Involvement in School Interview**

3. Construct Operational Definition as Used in Instrument: Inquires about parents involvement/monitoring of son/daughters school activities (e.g., tests, homework, classes, after school).

4. Reliability: 0 .86

5. Validity

6. Target population: Designed for Grades 5 thru 12

7. Population instrument has been used with and associated psychometric data
Age group/Ethnic Group/Geographic

8. Respondent: Parent

9. Ease of use/scoring:

10: Number of items in scale: 6

11. Mode of Administration: Pencil and paper self report

12. Strength of relationship to ATOD and other problem behaviors: Undetermined

13. Source: Unknown

14. Author: Unknown—contact Resnicow

15. Availability:

16. Cost: None

17. Copyright: Unknown

18. Citation Information (abstracts, where used)

SCHOOL

Parent-School Involvement Scale:

During the last 6 months, about how often did you:

1. Check your son's/daughter's homework after it was completed?

   ___ Never ___ Once or Twice ___ Sometimes ___ Regularly ___ Very Often

2. Help your son or daughter do his or her homework?

   ___ Never ___ Once or Twice ___ Sometimes ___ Regularly ___ Very Often

3. Help your son or daughter prepare for tests?

   ___ Never ___ Once or Twice ___ Sometimes ___ Regularly ___ Very Often

4. Talk with your son or daughter about his or her experience at school with classes or class work that day?

   ___ Never ___ Once or Twice ___ Sometimes ___ Regularly ___ Very Often

5. Talk with your son or daughter about his or her experience at school with friends or other school children that day?

   ___ Never ___ Once or Twice ___ Sometimes ___ Regularly ___ Very Often

6. Talk with your son or daughter about his or her experience with other school activities (sports, lunch time) that day?

   ___ Never ___ Once or Twice ___ Sometimes ___ Regularly ___ Very Often

SCHOOL

1. Construct: **School Safety/Dangerousness**

2. Name and Description of Instrument/Scale: **Youth Risk Behavior Survey** (Year 1997)

3. Construct Operational Definition as used in Instrument: Measures threats to safety (physical harm and property damage during school)

4. Reliability: Unknown

5. Validity:

6. Target populations:

7. Population instrument has been used with and psychometric data
   Age Group/Ethnic Group/Gender/Geographic

   10,900 students in grades 8 to 12 (nationwide)

8. Respondent: Self

9. Ease of use/scoring:

10. Number of items in scale: 4

11. Mode of Administration: Pencil and Paper self report

12 Strength of relationship to ATOD and other problem behaviors: Undetermined

13. Source: Center for Disease Control

14. Author: C/O Laura Kahn, Ph.D.
    Center for Disease Control
    Division of Adolescent and School Health
    Mailstop K-33
    4770 Buford Highway, N.E.
    Atlanta, GA 30341

15. Availability: Contact the CDC

16. Cost: None

17. Copyright: Public Domain

18. Citation Information (abstracts, where used)

Morbidity and Mortality Weekly Report-Assorted years
Center for Disease Control
Website: http://www.cdc.gov/epo/mmwr/mmwr.html

SCHOOL

School Safety/Dangerousness Scale:

1. During the past 30 days, how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?

   1 0 days
   2 1 day
   3 2 or 3 days
   4 4 or 5 days
   5 6 or more days

2. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?

   1 0 times
   2 1 time
   3 2 or 3 times
   4 4 or 5 times
   5 6 or 7 times
   6 8 or 9 times
   7 10 or 11 times
   8 12 or more times

3. During the past 12 months, how many times has someone stolen or deliberately damaged your property such as your car, clothing, or books on school property?

   1 0 times
   2 1 time
   3 2 or 3 times
   4 4 or 5 times
   5 6 or 7 times
   6 8 or 9 times
   7 10 or 11 times
   8 12 or more times

School Safety/Dangerousness Scale (cont'd):

4. During the past 12 months, how many times were you in a physical fight on school property?

1 0 time
2 1 time
3 2 or 3 times
4 4 or 5 times
5 6 or 7 times
6 8 or 9 times
7 10 or 11 times
8 12 or more times

SCHOOL

Academic Self-Esteem
(In-Progress)

SCHOOL

Positive School Behaviors/Problem School Behaviors
(In-Progress)

SCHOOL

School Climate
(In-Progress)

SCHOOL

School Health and Environmental Policies
(In-Progress)

BIBLIOGRAPHY FOR SCHOOL DOMAIN

Gottfredson, D.C., & Koper, C.S. Race and sex differences in the prediction of drug use. *Journal of Consulting & Clinical Psychology*. 64(2):305-313, 1996.

Gottfredson, D.C., & Koper, C.S. Race and sex differences in the measurement of risk for drug use. *Journal of Quantitative Criminology*. 13(3):325-347, 1997.

Resnicow, K., Soler, R., Braithwaite, R., Selassie, M., Smith, M. Development and Validation of a Racial Identity Scale for African American Adolescents: The Survey of Black Life. *Journal of Black Psychology*. 1999.

VI. FAMILY DOMAIN

TABLE OF CORE MEASURES
DOMAINS, CONSTRUCTS, AND INSTRUMENTS

Domain Code	Construct Name	Sub-Construct Scale	Instrument Name	Version
Family	Family Conflict		Student Survey of Risk and Protective Factors	98
	Family Cohesion		Family Relations Scale	
	Parent/Child Bonding	Parent-Child Affective Quality (Parent Report)	Parent-Child Affective Quality	
	Parent/Child Bonding	Family Attachment Scale	Student Survey of Risk and Protective Factors	98
	Family ATOD Use/ History of Use	Family History of Antisocial Behavior	Student Survey of Risk and Protective Factors	98
	Family ATOD Use/ History of Use	Family History of AOD Problems	FIPSE Core Alcohol and Drug Survey	1989-1993
	Parenting Practices	Poor Family Management	Student Survey of Risk and Protective Factors	98
	Parenting Practices	Poor Discipline	Student Survey of Risk and Protective Factors	98
	Family Composition		Capable Families and Youth Family Form	Fall 1998
	Perceived Parental Attitudes Toward Youth ATOD Use		Student Survey of Risk and Protective Factors	98
	Family Involvement	Opportunities for Prosocial Involvement	Student Survey of Risk and Protective Factors	98
	Family Involvement	Rewards for Prosocial Involvement	Student Survey of Risk and Protective Factors	98
	Decision Making/ Problemsolving		In progress	
	Family Coping Styles		In progress	
	Family Ethnic Identity		In progress	
	Family Stress		In progress	
	Poverty		In progress	
	Resources/Opportunity Structures		In progress	
	Social Support		In progress	

VI. RECOMMENDED MEASURES OF FAMILY

The first step was to identify potential measures for each construct. This was done by having each task force member report on measures with which they were familiar. We identified a total of 15 constructs and 126 measures. In order to narrow the number of constructs and measures to something manageable, we did an assessment based on the following criteria:

- Target Population
- Target Age
- Scale Alpha
- Number of Items
- Self Report / Interview / Observation & Coding
- Cost & Availability.

The result of this first cut was the following list of constructs and the number of identified measures.

- Family Conflict / Cohesion (13)
- Parent / Child Bonding (15)
- Family ATOD use / history of use (11)
- Parenting Practices (20)
- Family Composition (4)
- Perceived Parental Attitudes Toward Youth ATOD Use (5)
- Family Involvement (8).

We then met face to face for one nine-hour day to discuss these measures and make recommendations as to which ones to recommend to CSAP. After much discussion about the feasibility of narrowing the list to one "best" instrument for each construct we arrived at a compromise. Rather than select one measure for each construct, we decided to identify what makes a "good measure" and then require that measures meet these criteria. The general guide we used to select "Promising" measures was established reliability and validity, sensitive to change, developmentally appropriate, used in at least two studies, and familiar to the task force members. In order to meet these criteria it was necessary to include several measures for each construct. These measures are <u>examples</u> of promising measures—not necessarily the only possible choices.

It is important to note that this was essentially a process of "expert opinion." The task force members, using the general criteria, discussed each measure and then voted whether or not to recommend it to CSAP.

FAMILY

1. Construct: **Family Conflict**

2. Name and Description of Instrument/Scale: **Student Survey of Risk and Protective Factors/Family Conflict**

3. Construct Operational Definition as used in Instrument: Measures arguments within the family

4. Reliability: 0.83

5. Validity: High concurrent validity with drug and alcohol use and delinquency.

6. Target populations: General population of students in grades 6, 8, 10 and 12

7. Populations instrument has been used with and associated psychometric data
   Age Group/Ethnic Group/Gender/Geographic

   Normed with different ethnic populations

8. Respondent: Self

9. Ease of use/scoring: Straightforward 4 point (NO! no yes Yes!)

10. Number of items in scale: 3

11. Mode of Administration: Pencil and Paper self report

12. Strength of relationship to ATOD and other problem behaviors:

13. Source: Contact Author or CSAP Project Officer

14. Author: Arthur, Hawkins, Catalano and Pollard

15. Availability: Public Domain

16. Cost: None

17. Copyright: Public Domain

18. Citation Information (abstracts, where used)—Liddle, H.A. (1998), SAMHSA/CSAP (1995), SAMHSA/CSAP (1998)

FAMILY

Family Conflict Scale:

1.	People in my family often insult or yell at each other.	NO!	no	yes	YES!
2.	People in my family have serious arguments.	NO!	no	yes	YES!
3.	We argue about the same things in my family over and over.	NO!	no	yes	YES!

FAMILY

1. Construct: **Family Cohesion**

2. Name and Description of Instrument/Scale: **Family Relations Scale / Cohesion Scale**

3. Construct Operational Definition as used in Instrument: Includes measures of time spent together and closeness (e.g., communication)

4. Reliability: Factor structure—0.69 (mother) and 0.80 (child)

5. Validity: Scale is being validated in ongoing studies

6. Target populations: Urban, ethnically diverse families with delinquent and drug-abusing children and adolescents

7. Populations instrument has been used with and associated psychometric data
   Age Group/Ethnic Group/Gender/Geographic

   While the scale is being normed in ongoing studies, measures were specifically developed for ethnically diverse urban families and incorporates African-American and Latino cultural issues. Spanish translation available.

   Has not been used with older adolescents.

8. Respondent: Self report by both parent and adolescent

9. Ease of use/scoring: Summation/average of all nonmissing values for questions.

10. Number of items in scale: 6

11. Mode of Administration: Pencil and paper self report

12. Strength of relationship to ATOD and other problem behaviors:

13. Source: P.H. Tolan, University of Illinois Institute for Juvenile Research

14. Author: Gorman-Smith et al

15. Availability: Contact Author

16. Cost: None

17. Copyright:

18. Citation Information (abstracts, where used)—Liddle, H.A., (1998).

FAMILY

Family Relations/Cohesion Scale:

1. I'm available when others in the family want to talk with me.

   1 Not true
   2 Hardly true or sometimes
   3 True a lot of the time
   4 Always true or almost always

2. I listen to what other family members have to say, even when I disagree.

   1 Not true
   2 Hardly true or sometimes
   3 True a lot of the time
   4 Always true or almost always

3. Family members ask each other for help.

   1 Not true
   2 Hardly true or sometimes
   3 True a lot of the time
   4 Always true or almost always

4. Family members like to spend free time with each other.

   1 Not true
   2 Hardly true or sometimes
   3 True a lot of the time
   4 Always true or almost always

5. Family members feel very close to each other.

   1 Not true
   2 Hardly true or sometimes
   3 True a lot of the time
   4 Always true or almost always

6. We can easily think of things to do together as a family.

   1 Not true
   2 Hardly true or sometimes
   3 True a lot of the time
   4 Always true or almost always

FAMILY

1. Construct: **Parent/Child Bonding (Parent Instrument)**

2. Name and Description of Instrument/Scale: **Parent-Child Affective Quality/Parent Report**

3. Construct Operational Definition as used in Instrument: Measures parent's positive reinforcement/affection. Also includes items on responses to child's misconduct.

4. Reliability: 0.84 - 0.86

5. Validity: Unavailable

6. Target populations: Parents

7. Populations instrument has been used with and associated psychometric data
   Age Group/Ethnic Group/Gender/Geographic

8. Respondent: Parent

9. Ease of use/scoring: 7-point Likert scale

10. Number of items in scale: 7

11. Mode of Administration: Self

12. Strength of relationship to ATOD and other problem behaviors:

13. Source: Spoth and Redmond

14. Author:

15. Availability:

16. Cost: None

17. Copyright: Public Domain

18. Citation Information (abstracts, where used)

    Liddle, H.A. (1998)

Parent/Child Bonding (Parent Instrument)

Parent-Child Affective Quality Parent Report

1. During the past month, when you and your child have spent time talking or doing things together, how often did you:

	Always	Almost Always	Fairly Often	About Half the Time	Not too Often	Almost Never	Never
a. Get angry at him or her	1	2	3	4	5	6	7
b. Let this child know you really care about him/her	1	2	3	4	5	6	7
c. Shout or yell at this child because you were mad at him/her	1	2	3	4	5	6	7
d. Act loving and affectionate toward him/her	1	2	3	4	5	6	7
e. Let this child know that you appreciate him/her, his/her ideas or things he/she does	1	2	3	4	5	6	7
f. Yell, insult or swear at him/her when you disagreed	1	2	3	4	5	6	7
g. When this child does something wrong, how often do you lose your temper and yell at him or her	1	2	3	4	5	6	7

FAMILY

1. Construct: **Parent/Child Bonding (Student Instrument)**

2. Name and Description of Instrument/Scale: **Student Survey of Risk and Protective Factors/ Family Attachment Scale**

3. Construct Operational Definition as used in Instrument: Measures respondents closeness and ease in sharing thoughts/feelings with parents.

4. Reliability: 0.74

5. Validity: High concurrent validity with drug and alcohol use and delinquency

6. Target populations: General population of students in grades 6, 8, 10 and 12

7. Populations instrument has been used with and associated psychometric data
   Age Group/Ethnic Group/Gender/Geographic

   Normed with different ethnic populations

8. Respondent: Self

9. Ease of use/scoring: Straightforward 4 point (NO! no yes Yes!)

10. Number of items in scale: 4

11. Mode of Administration: Pencil and paper self report

12. Strength of relationship to ATOD and other problem behaviors:

13. Source: Contact Author or CSAP Project Officer

14. Author: Arthur, Hawkins, Catalano & Pollard

15. Availability: Public Domain

16. Cost: None

17. Copyright: Public Domain

18. Citation Information (abstracts, where used)—Liddle, H.A. (1998), SAMHSA/CSAP (1995), SAMHSA/CSAP (1998)

FAMILY

Parent/Child Bonding (Student Instrument)
Family Attachment Scale:

1.	Do you feel very close to your mother?	NO!	no	yes	YES!
2.	Do you share your thoughts and feelings with your mother?	NO!	no	yes	YES!
3.	Do you feel very close to your father?	NO!	no	yes	YES!
4.	Do you share your thoughts and feelings with your father?	NO!	no	yes	YES!

FAMILY

1. Construct: **Family ATOD—History of Use (Noncollege Instrument)**

2. Name and Description of Instrument/Scale: **Student Survey of Risk and Protective Factors/Family History of Antisocial Behavior**

3. Construct Operational Definition as used in Instrument: In addition to an item on if a family member has a "severe" ATOD problem, scale includes questions on siblings use of drugs and other antisocial behavior (e.g., carrying handgun, school expulsion)

4. Reliability: 0.73

5. Validity: High concurrent validity with drug and alcohol use and delinquency

6. Target populations: General population of students in grades 6, 8, 10 and 12

7. Populations instrument has been used with and associated psychometric data
   Age Group/Ethnic Group/Gender/Geographic

   Normed with different ethnic populations

8. Respondent: Self

9. Ease of use/scoring:

10. Number of items in scale: 6

11. Mode of Administration: Pencil and paper self report

12. Strength of relationship to ATOD and other problem behaviors:

13. Source: Contact Author of CSAP Project Officer

14. Author: Arthur, Hawkins, Catalano and Pollard

15. Availability: Public Domain

16. Cost: None

17. Copyright: Public Domain

18. Citation Information (abstracts, where used)—Liddle, H.A. (1998), SAMHSA/CSAP (1995), SAMHSA/CSAP (1998)

FAMILY

Family ATOD—History of Use (Noncollege Instrument)
Family History of Antisocial Behavior Scale:

1. Has anyone in your family ever had a severe alcohol or drug problem?

   _____ No _____ Yes

2. Have any of your brother(s) or sister(s) ever drunk beer, wine or hard liquor (for example, vodka, whiskey or gin)?

   _____ No _____ Yes _____ I don't have any brothers or sisters

3. Have any of your brother(s) or sister(s) ever smoked marijuana?

   _____ No _____ Yes _____ I don't have any brothers or sisters

4. Have any of your brother(s) or sister(s) ever smoked cigarettes?

   _____ No _____ Yes _____ I don't have any brothers or sisters

5. Have any of your brother(s) or sister(s) ever taken a handgun to school?

   _____ No _____ Yes _____ I don't have any brothers or sisters

6. Have any of your brother(s) or sister(s) ever been suspended or expelled from school?

   _____ No _____ Yes _____ I don't have any brothers or sisters

FAMILY

1. Construct: **Family ATOD—History of Use (College Instrument)**

2. Name and Description of Instrument/Scale: **FIPSE—Core Alcohol and Drug Survey/Family History of AOD Problems**

3. Construct Operational Definition as used in Instrument: Specifies which family members have had a drug or alcohol problem

4. Reliability: Test-retest from .61 to .99

5. Validity:

6. Target populations: Undergraduate and graduate students

7. Populations instrument has been used with and associated psychometric data
   Age Group/Ethnic Group/Gender/Geographic

   Does have Spanish translation

8. Respondent: Self

9. Ease of use/scoring: Not Applicable

10. Number of items in scale: 1

11. Mode of Administration: Pencil and paper self-report

12. Strength of relationship to ATOD and other problem behaviors:

13. Source: Contact Core Project

14. Author: Grantee Group of the Drug Prevention Program: Presley, Harrold, Meilman, Stolberg, Wilson and Fix

15. Availability: Core Project
    Office of Measurement Services
    University of Minnesota
    (612) 626-0006

16. Cost: Survey $.06/each. User manuals $7.50. Can provide survey scanning, cross-tab analysis and reports.

17. Copyright: Public Domain

18. Citation Information (abstracts, where used)

    SAMHSA/CSAP. (1993)

FAMILY

Family ATOD—History of Use (College Instrument)
Family History of AOD Problems Scale:

1. Have any of your family had alcohol or other drug problems? (Mark all that apply.)

_____ Mother
_____ Father
_____ Stepmother
_____ Stepfather
_____ Brothers/sisters
_____ Mother's parents
_____ Father's parents
_____ Aunts/uncles
_____ Spouse
_____ Children
_____ None

FAMILY

1. Construct: **Parenting Practices (Student Instrument)**

2. Name and Description of Instrument/Scale: **Student Survey of Risk and Protective Factors/Poor Family Management**

3. Construct Operational Definition as used in Instrument: Includes likelihood of being caught by parents in antisocial behavior, parents monitoring of respondent's whereabouts and the setting of clear rules.

4. Reliability: 0.79

5. Validity: High concurrent validity with drug and alcohol use and delinquency

6. Target populations: General population of students in grades 6, 8, 10 and 12

7. Populations instrument has been used with and associated psychometric data
   Age Group/Ethnic Group/Gender/Geographic

   Normed with different ethnic populations

8. Respondent: Self

9. Ease of use/scoring: Straightforward 4 point (NO! no yes Yes!)

10. Number of items in scale: 6

11. Mode of Administration: Pencil and paper self report

12. Strength of relationship to ATOD and other problem behaviors:

13. Source: Contact Author or CSAP Project Officer

14. Author: Arthur, Hawkins, Catalano and Pollard

15. Availability: Public Domain

16. Cost: None

17. Copyright: Public Domain

18. Citation Information (abstracts, where used)—Liddle, H.A. (1998), SAMHSA/CSAP (1995), SAMHSA/CSAP (1998)

FAMILY

Parenting Practices (Student Instrument)
Poor Family Management Scale:

1.	My parents ask if I've gotten my homework done.	NO!	no	yes	YES!
2.	My parents want me to call if I'm going to be late getting home.	NO!	no	yes	YES!
3.	Would your parents know if you did not come home on time?	NO!	no	yes	YES!
4.	When I am not at home, one of my parents knows where I am and who I am with.	NO!	no	yes	YES!
5.	The rules in my family are clear.	NO!	no	yes	YES!
6.	My family has clear rules about alcohol and drug abuse.	NO!	no	yes	YES!

FAMILY

1. Construct: **Parenting Practices (Student Instrument)**

2. Name and Description of Instrument/Scale: **Student Survey of Risk and Protective Factors/Poor Discipline**

3. Construct Operational Definition as used in Instrument: Includes likelihood of being caught by parents in antisocial behavior, parents monitoring of respondent's whereabouts and the setting of clear rules.

4. Reliability: 0.76

5. Validity: High concurrent validity with drug and alcohol use and delinquency

6. Target populations: General population of students in grades 6, 8, 10 and 12

7. Populations instrument has been used with and associated psychometric data
   Age Group/Ethnic Group/Gender/Geographic

   Normed with different ethnic populations

8. Respondent: Self

9. Ease of use/scoring: Straightforward 4 point (NO! no yes Yes!)

10. Number of items in scale: 3

11. Mode of Administration: Pencil and paper self report

12. Strength of relationship to ATOD and other problem behaviors:

13. Source: Contact Author or CSAP Project Officer

14. Author: Arthur, Hawkins, Catalano and Pollard

15. Availability: Public Domain

16. Cost: None

17. Copyright: Public Domain

18. Citation Information (abstracts, where used)—Liddle, H.A. (1998), SAMHSA/CSAP (1995), SAMHSA/CSAP (1998)

Parenting Practices (Student Instrument)
Poor Discipline Scale:

1.	If you drank some beer or wine or liquor (for example, vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents?	NO!	no	yes	YES!
2.	If you skipped school, would you be caught by your parents?	NO!	no	yes	YES!
3.	If you carried a handgun without your parents' permission, would you be caught by your parents?	NO!	no	yes	YES!

FAMILY

1. Construct: **Family Composition**

2. Name and Description of Instrument/Scale: **Capable Families and Youth Family Form**

3. Construct Operational Definition as used in Instrument: Includes detailed information on people who live in the household (e.g., age, gender, grade and relationship to respondent). Also records information on children living outside the home (and part-time residents), along with urbanicity.

4. Reliability:

5. Validity:

6. Target populations:

7. Populations instrument has been used with and associated psychometric data
   Age Group/Ethnic Group/Gender/Geographic

8. Respondent:

9. Ease of use/scoring:

10. Number of items in scale: 9 (includes grid of relationships)

11. Mode of Administration: Interview

12. Strength of relationship to ATOD and other problem behaviors:

13. Source: Institute for Social and Behavioral Research, Iowa State University

14. Author: Granger and Spoth

15. Availability:

16. Cost:

17. Copyright:

18. Citation Information (abstracts, where used)

FAMILY

Family Composition
Capable Families and Youth Family Form

GRID 1:

People who live in Target's Home (anyone who lives in Target's home more than 50% of the time)

1. Family lives…

On a farm	1
In a rural area, but not a farm	2
In a town or city	3

2. Let's begin with a few questions about your family.

   a. How many children do you have altogether, either living at home or outside this home? (Include any step-children or adopted children living inside or outside the home)

   _____ (equals children in Grid 1 + Grid 2)

   b. How many of these children live outside this home more than 50% of the time?

   _____ (equals children in Grid 2)

3. During the past year has [Target] lived with this family all of the time or split time between two more living situations?

This family all the time	1
More than one living situation	2

4. Now I'd like to know how many people live in this household—that means anyone who lives here more than 50% of the time.

   _____ (equals people in Grid 1)

5. Now I need to verify our information about each member of your household.

Begin with "Target" and ask each person for the following information. Be sure to get correct spelling on names.

a. We'll need a first name
b. Gender
c. We also need a birthdate, the month, day and year
d. What was (name's) age on his/her last birthday
e. What is (name's) relationship to target
f. Is (name) currently in school?
g. For those currently in school:
   What grade is (name) <u>currently</u> enrolled in? (For school beyond high school, give credit hours accumulated or years completed toward what kind of degree.)
   For those <u>not</u> currently in school:
   What is (name's) highest grade of schooling <u>completed</u>? (For schooling beyond high school <u>write in degree received</u>.
   If no degree, give credit hours accumulated or write "completed freshman year of a 4 year degree," etc.)

Relationship to Target Table:

10	Target (self)
11	Spouse
12	Romantic Partner
13	Mother
14	Step-mother
15	Father
16	Step-father
17	Grandmother
18	Step-grandmother
19	Grandfather
20	Step-grandfather
21	Sister/brother
22	Step-sister/step-brother
23	Mother-in-law
24	Father-in-law
25	Aunt/uncle
26	Cousin
27	Other relative
28	Exchange Student
29	Close friend
30	Friend
31	Other related people
32	Parent's significant other
33	Parent's fiancee/fiancé
34	Renter/housemate/roommate
36	Adoptive parent
40	Foster parent
42	Biological child
43	Step child
44	Adopted child
45	Foster child
46	Unmarried partner's child with different parent
47	Other relationship with child

FAMILY

Grid 1: Household Roster

(a) Member's First Name	(b) Gender M	F	(c) Birthday Mo Dy Yr	(d) Age	(e) Relationship to Target	(f) In School (Yes)	(No)	(g) Grade Completed or Current Grade
Target								
Mom: (NA if not living here)						1	2	
Dad: (NA if not living here)						1	2	
						1	2	
						1	2	
						1	2	
						1	2	

Children of Target's parents/guardians who <u>live outside</u> Target's Home (any of parents'/guardians' children—natural, adopted, or stepchildren—who live outside Target's home more than 50% of the time)

6. Now I need to verify our information about each of your children living outside this home.

   a. We need a first name…
   b. Gender…
   c. What was (name) age on his/her last birthday…
   d. In what city and state does (name) live?
   e. Is (name) currently in school?
   f. For those currently in school:
      What grade is (name) <u>currently</u> enrolled in…
      (For schooling beyond high school, give credit hours accumulated or years completed toward what kind of degree.)
      For those not currently in school:
      What is (name) highest grade of schooling <u>completed</u>? (For schooling beyond high school, <u>write in degree received</u>. If no degree, give credit hours accumulated or write "completed freshman year of a 4 year degree," etc.)
   g. Does (name) ever reside in your home on a part-time basis?
   h. Has (name) ever resided in a home with (target)?

Grid 2: Children Living Outside This Home

(a) Child's First Name	(b) Gender M F	(c) Age	(d) City and State	(e) In School (Yes)	(No)	(f) Grade Completed or Current Grade	(g) Live with You Part-time (Yes)	(No)	(h) Lived with Target (Yes)	(No)
				1	2		1	2	1	2
				1	2		1	2	1	2
				1	2		1	2	1	2
				1	2		1	2	1	2
				1	2		1	2	1	2
				1	2		1	2	1	2
				1	2		1	2	1	2

7. How many years have your resided in your current residence?

   _____ years

8. How many miles is (Target's) school from your home?

   _____ (enter 1 if one mile or less)

9. Including Kindergarten and this year, how long has (Target) attended school in this school district?

   _____ years

   _____ months

INTERVIEWER NOTES: Please make any notes that would help us to understand the make-up of this family, or anything else that may need clarifying.

FAMILY

SKILLS QUESTION

I would like to ask you about a situation that has actually happened to people your age. Even if this has never happened to you, I'd like you to imagine it as best you can and think about what you would do in this situation. There are no right or wrong answers. I'll write down what you say.

1. You are at a party at someone' house and one of your friends offers you an alcoholic drink. What would you say or do now?

Family ID Number _____

CONTACT PERSON: Who would always know your whereabouts in case you move and we need to get in touch with you?

Name: _____

Address: _____

_____

_____

Phone: _____

Relationship to Family: _____

FAMILY

1. Construct: **Perceived Parental Attitudes Toward Youth ATOD Use**

2. Name and Description of Instrument/Scale: **Student Survey of Risk and Protective Factors/Parental Attitudes Favorable Toward Drug Use**

3. Construct Operational Definition as used in Instrument: Measures parents feelings about respondent using specific ATOD.

4. Reliability: 0.78

5. Validity: High concurrent validity with drug and alcohol use and delinquency

6. Target populations: General population of students in grades 6, 8, 10 and 12

7. Populations instrument has been used with and associated psychometric data
   Age Group/Ethnic Group/Gender/Geographic

   Normed with different ethnic populations

8. Respondent: Self

9. Ease of use/scoring: Straightforward 4 point (Very wrong to Not Wrong at All)

10. Number of items in scale: 3

11. Mode of Administration: Pencil and paper self report

12. Strength of relationship to ATOD and other problem behaviors:

13. Source: Contact Author or CSAP Project Officer

14. Author: Arthur, Hawkins, Catalano and Pollard

15. Availability: Public Domain

16. Cost: None

17. Copyright: Public Domain

18. Citation Information (abstracts, where used)—Liddle, H.A. (1998), SAMHSA/CSAP (1995), SAMHSA/CSAP (1998)

Perceived Parental Attitudes Toward Youth ATOD Use
Parental Attitudes Favorable Toward Drug Use Scale:

1. How wrong do your parents feel it would be for you to drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?

   ___ Very Wrong ___ Wrong ___ A Little Bit Wrong ___ Not Wrong At All

2. How wrong do your parents feel it would be for you to smoke cigarettes?

   ___ Very Wrong ___ Wrong ___ A Little Bit Wrong ___ Not Wrong At All

3. How wrong do your parents feel it would be for you to smoke marijuana?

   ___ Very Wrong ___ Wrong ___ A Little Bit Wrong ___ Not Wrong At All

FAMILY

1. Construct: **Family Involvement**

2. Name and Description of Instrument/Scale: **Student Survey of Risk and Protective Factors/Opportunities for Prosocial Involvement**

3. Construct Operational Definition as used in Instrument: Measures opportunities and rewards for family involvement and parental interaction.

4. Reliability: 0.76

5. Validity: High concurrent validity with drug and alcohol use and delinquency

6. Target populations: General population of students in grades 6, 8, 10 and 12

7. Populations instrument has been used with and associated psychometric data
   Age Group/Ethnic Group/Gender/Geographic

   Normed with different ethnic populations

8. Respondent: Self

9. Ease of use/scoring:

10. Number of items in scale: 3

11. Mode of Administration: Pencil and paper self report

12. Strength of relationship to ATOD and other problem behaviors:

13. Source: Contact Author or CSAP

14. Author: Arthur, Hawkins, Catalano and Pollard

15. Availability: Public Domain

16. Cost: None

17. Copyright: Public Domain

18. Citation Information (abstracts, where used)—Liddle, H.A. (1998), SAMHSA/CSAP (1995), SAMHSA/CSAP (1998)

Family Involvement
Opportunities for Prosocial Involvement Scale:

1.	My parents give me lots of chances to do fun things with them.	NO!	no	yes	YES!
2.	My parents ask me what I think before most family decisions affecting me are made.	NO!	no	yes	YES!
3.	If I had a personal problem, I could ask my mom or dad for help.	NO!	no	yes	YES!

FAMILY

1. Construct: **Family Involvement**

2. Name and Description of Instrument/Scale: **Student Survey of Risk and Protective Factors/Rewards for Prosocial Involvement Scales**

3. Construct Operational Definition as used in Instrument: Measures opportunities and rewards for family involvement and parental interaction.

4. Reliability: 0.86

5. Validity: High concurrent validity with drug and alcohol use and delinquency

6. Target populations: General population of students in grades 6, 8, 10 and 12

7. Populations instrument has been used with and associated psychometric data
   Age Group/Ethnic Group/Gender/Geographic

   Normed with different ethnic populations

8. Respondent: Self

9. Ease of use/scoring:

10. Number of items in scale: 4

11. Mode of Administration: Pencil and paper self report

12. Strength of relationship to ATOD and other problem behaviors:

13. Source: Contact Author or CSAP

14. Author: Arthur, Hawkins, Catalano and Pollard

15. Availability: Public Domain

16. Cost: None

17. Copyright: Public Domain

18. Citation Information (abstracts, where used)—Liddle, H.A. (1998), SAMHSA/CSAP (1995), SAMHSA/CSAP (1998)

FAMILY

Family Involvement
Rewards for Prosocial Involvement Scale:

1. My parents notice when I am doing a good job and let me know about it.

   ___ Never or Almost Never ___ Sometimes ___ Often ___ All the Time

2. How often do your parents tell you they're proud of you for something you've done?

   ___ Never or Almost Never ___ Sometimes ___ Often ___ All the Time

3. Do you enjoy spending time with your mother? NO! no yes YES!

4. Do you enjoy spending time with your father? NO! no yes YES!

FAMILY

Decision Making/Problem Solving
(In-Progress)

FAMILY

Family Coping Styles
(In-Progress)

FAMILY

Family Ethnic Identity
(In-Progress)

FAMILY

Family Stress
(In-Progress)

FAMILY

Poverty
(In-Progress)

FAMILY

Resources/Opportunity Structures
(In-Progress)

FAMILY

Social Support
(In-Progress)

BIBLIOGRAPHY FOR FAMILY DOMAIN

SAMHSA/CSAP. Inventory of CSAP Program Variables for Intermediate and Long-Term Outcome Measurement. Unpublished Working Document, 1998.

SAMHSA/CSAP. ATOD Prevention Program Outcomes and Instrument Selection System. 1995

Kumpfer, K., Shur, G.H., Ross, J.G., et. al. Measurements in Prevention: A Manual on Selecting and Using Instruments To Evaluate Prevention Programs. CSAP Technical Report # 8. 1993.

Liddle, H.A., & Rowe, C. Family Measures in Drug Abuse Prevention. NIDA Monograph, 1998.

McMahon. R.J., & Metzler, C.W. Selecting Parenting Measures for Assessing Family-Based Preventive Interventions. NIDA Monograph, 1998.

VII. COMMUNITY DOMAIN

TABLE OF CORE MEASURES
DOMAINS, CONSTRUCTS, AND INSTRUMENTS

Domain Code	Construct Name	Sub-Construct Scale	Instrument Name	Version
Community	Neighborhood Attachment		Student Survey of Risk and Protective Factors	98
	Social Disorganization	Social Disorganization	Student Survey of Risk and Protective Factors	98
	Social Disorganization	Frequency of Participation in Organized Community Activities	National Youth Survey	12-18 Version
	Sense of Community		Sense of Community Index	
	Perceived Availability of Drugs and Handguns		Student Survey of Risk and Protective Factors	98
	Youth Participation	Opportunities for Prosocial Involvement	Student Survey of Risk and Protective Factors	98
	Youth Participation	Rewards for Prosocial Involvement	Student Survey of Risk and Protective Factors	98
	Community Laws and Norms		In progress	
	Empowerment		In progress	
	Enforcement		In progress	
	Social Support		In progress	

VII. CSAP CORE MEASURES INITIATIVE
COMMUNITY MEASURES TASK FORCE

Summary of Deliberations
2/25/99

Before initiating discussion of specific measures, task force members discusses and reached agreement that specific recommendations must be understood within the context of the following task force parameters.

- One of the major products of task force discussion has been clarification of our mutual understanding of the conceptual meanings of the various constructs for which members have been given the responsibility of recommending measures. Indeed, members agree that clear conceptual definition and elaboration to capture multiple dimensions within constructs is a critical foundation for recommending measures. This report briefly summarizes the dimensionality of each of the major constructs identified in the Community Domain.

- Task Force members have undertaken a major search for alternative measures within each construct area. This search included instruments, measurement models and psychometrics, measures applications, and information on the samples to which the measures have been applied. Many times the full range of this information was not available, and individual members often had identified promising measures for which they did not have time or resources to conduct an exhaustive search. The recommendations of the Task Force are not based upon full information, and in some instances we identify options or examples rather than fully recommended measures.

- Task Force members strongly endorse the Core Measures Initiative as an important and large first step in addressing important issues of improving capability of building cumulative science-based knowledge in the prevention field. We also recognize that this effort must be ongoing, and that the work done here can not be considered definitive.

- Task Force members agree that the application of the products of the Core Measures Initiative must maintain flexibility and discretion for local programs and researchers to use measures that meet the specific objectives of local initiatives and that are appropriate to local cultural community context.

The following sections summarize the major dimensions considered within each construct area, and recommends or discusses appropriate measures in each area.

Generally, the Task Force proceeded under the assumption that shorter scales (approximately 10 items or fewer) that are acceptable with respect to other criteria are preferable to longer measures that carry excessive respondent burden within the context of comprehensive evaluative instruments to be applied in field settings. In some instances the Task Force recommends alternative measures that vary by length, specific emphasis, or target respondent characteristics.

COMMUNITY LAWS AND NORMS

The Task Force agreed that this construct includes at least the following frequently identified dimensions.

- Perceptions of the normative *beliefs and values* concerning substance use that characterize the target community;
- Perceptions of the normative *behaviors* concerning substance use that characterize the target community;
- Perceptions of the probable *sanctions* that will attend deviating from approved substance use behaviors in the target community;
- *Support for laws and policies* in the target community;
- *Awareness of laws and policies* in the target community; and
- *Existence of laws and policies* in the target community.

Perceived Community Values, Behaviors, and Sanctions

To measure these dimensions of community norms, the Task Force recommends two measures with different conceptual emphases.

1. As a scale that encompasses these three dimensions in a single measure of community norms concerning substance use, the Task Force recommends the Laws and Norms Favorable to Drug Use scale from the Communities That Care Student Survey. This scale is composed of 10 items in three subscales (α = .86). Subscales (3, 4, and 3 items) are potentially separable, though separate reliability is not published.

2. As a measure that focuses on community tolerance of alcohol, tobacco, and drug use among teenagers, the Task Force recommends the "Permissive Attitudes Toward ATOD Use" scale from the Community Readiness Survey (7 items, α = .78).

Support for Laws and Policies

Support for laws and policies to prevent or reduce substance use or reduce harm associated with use may be important measurement constructs for community-oriented prevention interventions, particularly those emphasizing advocacy of policy change or other environmental strategies. The Task Force did not locate specific measures for this dimension that reported appropriate reliability information, but does note that the Community Readiness Survey (Minnesota Department of Human Services and the Search Institute) contains measures of support that may be useful for researchers looking for a measure of this construct.

Awareness of Laws and Policies

Awareness of laws and policies is another conceptual dimension of potential importance to research on community laws and norms. Again, the Task Force was unable to find clearly articulated and supported generally applicable measures in this area. This may reflect the importance of contextually specific references for measures of this construct.

Existence of Laws and Policies

The existence of relevant laws and policies may be the most important outcome measure for environmental prevention strategies aimed at policy change. Measurement in this area is clearly contextually sensitive and must be determined through observational method rather than surveys of perceptions. Conventional scaling techniques and psychometric measures of the qualities of generally applicable measures clearly do not apply to this area. Therefore, the Task Force has not recommended a measure of the existence of laws and policies.

However, the Task Force has identified two data development procedures that may provide guidance to researchers developing context-specific measurement of existing laws and policies.

1. The Environmental Strategy ADP 7235G Prevention Activities Data System has been developed by the California Department of Drug Programs and Freid Whitman, PhD. The system includes worksheets to assess the types, numbers, time frames, and target populations of environmental prevention strategy activities carried out by County agencies and private providers.

2. The Pathfinder for Research of Alcohol Law in the United States is a resource for identifying sources documenting federal, state, county, and municipal law relevant to substance use through Internet access.

NEIGHBORHOOD ATTACHMENT

Neighborhood attachment is one of several constructs in the Community Domain that concern the relationship between the individual respondent and the social, psychological, and/or geographic environment of the community. Thus, discussion of the construct involved distinguishing it from other constructs, in particular sense of community, linkages, and empowerment. Accordingly, the Task Force limited the construct to a sense of rootedness in the community, separate from satisfaction, participation or other dimensions related to sense of community or other constructs identified above.

As a short measure of Neighborhood Attachment, the Task Force recommends the Low Neighborhood Attachment scale (3 items, 4 point response format, " = .84) from the Communities That Care Student survey.

SOCIAL DISORGANIZATION

The Task Force recognized that the social disorganization construct can encompass a number of sub-dimensions, including the presence of threatening or anti-social behavior, signs of economic and physical decay, and signs of a lack of community supervision. The social disorganization construct articulated by the Task Force focuses on the degree to which these conditions *describe* the neighborhood. Related concepts, such as the perception of the degree to which these conditions are a problem (needs and issues) or the degree to which the community exhibits formal organizational infrastructure or capacity (linkage/empowerment) are addressed within other constructs in the Community Domain.

As measures of Social Disorganization, the Task Force recommends two alternatives.

1. As a short measure that encompasses the physical and social dimensions of social disorganization, the Task Force recommends

   The Social Disorganization scale from the Communities That Care Student Survey, 5, 4 point items, " = .80

2. As a short measure that focuses on social disorder, the Task Force recommends the Neighborhood Risk scale from CSAP's National Youth Survey developed for the National Cross-Site Evaluation of High Risk Youth Programs, 6 items, " = .73.

SENSE OF COMMUNITY

Sense of community is a global construct that has been conceptualized in multiple ways. Psychological sense of community is an orientation of the individual to a relevant community to which they consider themselves members. The construct encompasses the salience of the community and its condition to their lives, and the degree to which their community membership relates to their own self concept. The concept, operationalized in slightly different ways, has been shown to correlate to concern about the neighborhood and participation in community activities, and to personal quality of life issues such as degree of depression. The sense of community may be of concern to prevention researchers for its relation to mediators of substance use, and for its importance to involvement in community efforts and activities. The Task Force agreed that the construct has several associated dimensions including a) sense of membership in the community; b) a sense that one has influence, that the respondent matters in the community of membership; c) a sense that the community is a source of meeting personal needs; and d) a sense of emotional attachment to the community that is shared with other members. Prevention researchers will probably be interested in a global measure of sense of community, rather than measures that focus on just some of these aspects of the construct.

The Task Force conducted a thorough review in this area and identified several comprehensive and lengthy instruments that did not in our judgment fit the general mandate of this task, but that may be of interest to community interventions with significant outcome objectives at the community level (see notes on Community Cohesion at the end of this report).

As a measure of sense of community that encompasses all of these dimensions; and meets the criteria of brevity, reliability, and frequent reference in the prevention literature, the Task Force recommends one measure.

1. The Sense of Community Index (David Chavis and Abe Wandersman). The measure has 12 items and 4 subscales, all in a dichotomous true/false format. It has been reported in several separate studies with " 's in the range of .70 to .80.

EMPOWERMENT

Empowerment is another broad concept that presented significant challenges to the Task Force in finding broadly applicable measures at the community level. The issues here are more related to the lack of consensus on meaning of the term; its use as a descriptor of individual, group, organizational, and community; and the argument (explicitly made to the Task Force by a widely recognized expert in

the concept) that empowerment must be assessed in reference to the particular field context being studied. More explicitly, our discussion of the construct included the following issues:

- Much of the literature in the area, and virtually all of the widely used instrumentation, is measuring an attribute of individuals, or of group interaction, and not of a community (or explicitly of ones relation to a community). In some versions, measures of empowerment look a lot like an adult version of locus of control measures, or the adolescent self-efficacy measures used in studies of individual protective factors. The Task Force determined that this measurement orientation was not relevant to our task.

- Much of the research on empowerment and empowering communities is based on case studies. Indeed, some of the leading researchers on the topic insist that field study is appropriate (necessary) because a) empowerment must be understood as a process and the product of that process, and b) it must be understood in relation to the context in which that process occurred. While the Task Force clearly recognizes the value and contribution of the qualitative and case study work in the area, we agreed that it did not directly contribute to our mandate.

Within this context the Task Force decided not to recommend a specific measure of empowerment. Because most measures of empowerment related to groups or communities are embedded in particular contest-specific studies, the Task Force does refer to the Task Empowerment Scale by Chinman, Wandersman, and Goodman as a measure that would be appropriate to prevention researchers who are interested in assess the degree to which community-based task forces or coalition leadership groups are empowered. We also recognize that there are many additional areas in which researchers may want to apply empowerment concepts.

The Task Force does wish to note that in our search and deliberations we did discover work in progress that focuses on the development of generally applicable measures aimed at assessing the degree to which communities achieve empowerment.

AVAILABILITY

Alcohol availability is a straightforward concept for which community environment may be one important determinant (along with family, peer membership, and individual characteristics). Studies have found that community factors such as policies, outlet density, enforcement, and norms correlate with perceived availability and use. Within our charge to recommend measures that can be widely used and that conform to a basically psychometric structure, the Task Force determined that availability might best be conceptualized as perceived availability. The Task Force reviewed several similar measures, differing largely in their level of detail and therefore burden and potential top-end sensitivity.

The Task Force placed a priority on brevity and appropriateness to the potential base rate behaviors of likely target populations.

As a measure of perceived availability, the Task Force recommends the following scale.

1. The Communities That Care "Perceived Availability of Drugs and Handguns." This additive measure is composed of 5, 4 point items (" = .88).

ENFORCEMENT

Enforcement is another policy and community-related variable that the Task Force generally interpreted as referring to the degree of enforcement of laws intended to prevent, limit, or ameliorate the harm related to substance use. As several of the community-related constructs assigned to the Task Force, enforcement can be conceptualized as perceived probabilities of "being caught," or as the actual degree of enforcement in the community. The Task Force recommends one measure in the area of perceived enforcement, and notes another that assesses visible policing in the community.

1. The Task Force recommends the 3-item subscale on the perceived probability of apprehension within the "Laws and Norms" scale from the Communities That Care Student Survey. Separate reliability information is not available.

2. The Task Force notes the scale on Policing Behavior from Wesley Skogan's Chicago Community Policing survey. The 7 item scale assesses observed neighborhood policing behavior. Inter-item consistency measures are not calculated for the scale because it is a report of observed behaviors that may vary independently (it is an index, not a scale).

YOUTH PARTICIPATION

The Task Force interpreted youth participation as a construct that reflects the degree to which communities provide protective participation for youth. As an attribute of the community, the degree to which organized opportunities for youth participation are available is relevant. To the degree to which youth actually participate, and the degree to which their participation is valued in their community is another dimension of youth participation particularly relevant to those programs utilizing community service and community involvement interventions.

Perceived Opportunities

As a measure of perceived opportunities, the Task Force recommends

1. The "Opportunities for Pro-social Involvement" scale from the Communities That Care Student Survey uses multiple formats, and assesses the degree to which specified opportunities for involvement are present in a community. The scale has 6 items (α = .74).

Actual Involvement

2. As a measure of actual involvement, the Task Force recommends the Protective Community Environment scale from CSAP's National Youth Survey. This 6 item scale uses a common report format to measure the frequency of youth participation in different categories of organized youth activities within the community. The scale has an α of .53, though inter-item consistency is not a necessary property of this multiple item measure of alternative options for involvement.

Rewards for Involvement

3. The Task Force recommends the "Rewards for Pro-social Involvement" scale from the Communities That Care Student Survey. This scale has 3 items (α = .89).

SOCIAL SUPPORT

Social support is a widely used sociological construct that is most often related to inter-personal support systems not necessarily focused on the community. Indeed, most of the instruments reviewed by the Task Force were more appropriately applicable to the peer or family domains. Task Force members agreed that instruments not clearly referring to support tied to community environment were not appropriate. The Task Force recommends the following measure of Social Support tied to community.

- The "Neighborliness" scale (Wandersman) which measures the perceived availability of a variety of instrumental and affective support from neighbors.

ADDITIONAL RESOURCES

In addition to the recommendations identified above, Task Force members felt additional measurement issues in the Community domain should be noted.

- The Task Force notes that the Campbell Community Survey, which measures 17 characteristics of community, may be useful for special purpose prevention initiatives targeting broad community involvement and change.

- Similarly, the Community Organization Sense of Community Scale (Hughey, Speer and Peterson) may prove useful for researchers interested in the dynamics of community based organizations pursuing prevention objectives.

- Similarly the Collegiate Psychological Sense of Community Scale (Lounsbury and DeNui) may serve the purposes of researchers focusing on college campus interventions.

COMMUNITY

1. Construct: **Neighborhood Attachment**

2. Name and Description of Instrument/Scale: **Student Survey of Risk and Protective Factors/Neighborhood Attachment**

3. Construct Operational Definition as used in Instrument: Respondent's perception of how easy it would be to obtain alcohol, cigarettes, marijuana, other illicit drugs or handguns.

4. Reliability: 0.88

5. Validity: Correlations between .25 and .45 with measures of ATOD use and other antisocial behavior.

6. Target Population: General population of students in 6, 8, 10 and 12

7. Populations instrument has been used with and associated psychometric data
   Age Group/Ethnic Group/Gender/Geographic

   Statewide representative samples of 6th-12th grade students in more than 20 States. Reliabilities and correlation coefficients with outcome measures vary little across grade, gender, and ethnic groups, including European-American, African-American, Hispanic, and Asian/Pacific Islander.

8. Respondent: Self

9. Ease of use/scoring: Very easy, Five-item scale. Items can be averaged to create a scale score.

10. Number of items in scale: 3

11. Mode of Administration: Pencil and Paper self report

12. Strength of relationship to ATOD and other problem behaviors: Correlations indicate moderate relationship with ATOD use and related problem behaviors.

13. Source: Contact Author or Developmental Research and Programs, Inc. 130 Nickerson Street, #107. Seattle, Washington, 98119. Phone: (206) 286-1805. Scannable survey forms, instructions for administration, scanning and analytic reports for a fee.

14. Author: Arthur, Hawkins, Catalano and Pollard

15. Availability: Public Domain

16. Cost: None. Additional services provided for a fee.

17. Copyright: Public Domain

18. Citation Information (abstracts, where used)

Hawkins. J.D., (1997). (Unpublished)
Pollard, J.A. et. al. (1998).

COMMUNITY

Neighborhood Attachment Scale:

1.	I'd like to get out of my neighborhood.	NO!	no	yes	YES!
2.	I like my neighborhood.	NO!	no	yes	YES!
3.	If I had to move, I would miss the neighborhood I now live in.	NO!	no	yes	YES!

COMMUNITY

1. Construct: **Social Disorganization**

2. Name and Description of Instrument/Scale: **Student Survey of Risk and Protective Factors/Social Disorganization**

3. Construct Operational Definition as used in Instrument: The presence of threatening or anti-social behavior, signs of economic and aesthetic decay, and signs of a lack of community supervision.

4. Reliability: 0.80

5. Validity: High concurrent validity with drug and alcohol use and delinquency.

6. Target Population: General population of students in 6, 8, 10 and 12

7. Populations instrument has been used with and associated psychometric data
   Age Group/Ethnic Group/Gender/Geographic

   Normed with different ethnic populations

8. Respondent: Self

9. Ease of use/scoring: Two questions and five items (NO! To YES!). The first question is a bit awkward in its wording and may lead to some confusion in respondents.

10. Number of items in scale: 5

11. Mode of Administration: Pencil and Paper self report

12. Strength of relationship to ATOD and other problem behaviors:

13. Source: Contact Author or CSAP Project Officer

14. Author: Arthur, Hawkins, Catalano and Pollard

15. Availability: Public Domain

16. Cost: None

17. Copyright: Public Domain

18: Citation Information (abstracts, where used)
   Pollard, J.A., et. al. (Unpublished).
   Pollard, J.A., et. al. (1998).

COMMUNITY

Social Disorganization Scale:

How much do each of the following statements describe your neighborhood:

1.	Crime and/or drug selling.	NO!	no	yes	YES
2.	Fights.	NO!	no	yes	YES
3.	Lots of empty or abandoned buildings.	NO!	no	yes	YES!
4.	Lots of graffiti.	NO!	no	yes	YES!
5.	I feel safe in my neighborhood.	NO!	no	yes	YES!

COMMUNITY

1. Construct: **Social Disorganization**

2. Name and Description of Instrument/Scale: **CSAP's National Youth Survey**

3. Construct Operational Definition as used in Instrument: The frequency of participation in organized community activities.

4. Reliability: 0.73

5. Validity: Correlates with other constructs as hypothesized.

6. Target Population:

7. Populations instrument has been used with and associated psychometric data
   Age Group/Ethnic Group/Gender/Geographic

8. Respondent: Self

9. Ease of use/scoring: Six item—five point common format

10. Number of items in scale: 5

11. Mode of Administration: Pencil and Paper self report

12. Strength of relationship to ATOD and other problem behaviors: .2

13. Source: Soledad Sambrano, Ph.D.

14. Author: CSAP

15. Availability: Public Domain

16. Cost: None

17. Copyright: Public Domain

18: Citation Information (abstracts, where used)

Social Disorganization Scale:

1. How often do you go to sports practice or play in games?

___ Almost every day
___ Once or twice a week
___ A few times a month
___ A few times a year
___ Never

2. How often do you take lessons or attend classes out of school?

___ Almost every day
___ Once or twice a week
___ A few times a month
___ A few times a year
___ Never

3. How often do you go to meetings or activities for a club or youth group?

___ Almost every day
___ Once or twice a week
___ A few times a month
___ A few times a year
___ Never

4. How often do you talk to an adult about what you are doing or thinking?

___ Almost every day
___ Once or twice a week
___ A few times a month
___ A few times a year
___ Never

5. Last summer how often did you go to a summer program for learning or for fun?

___ Almost every day
___ Once or twice a week
___ A few times a month
___ A few times a year
___ Never

COMMUNITY

1. Construct: **Sense of Community**

2. Name and Description of Instrument/Scale: **Sense of Community Index (SCI)**

3. Construct Operational Definition as used in Instrument: Measures an individual's psychological sense of community. There are four dimensions measures by the instrument: membership, influence, reinforcement of needs, and shared emotional connection.

4. Reliability: Reported reliability by Pretty, et. al. (1994): Two separate studies were reported, one giving the index of a reliability coefficient of .72 and the other giving it a reliability coefficient of .78.

   Also found: Pretty, et. al.: (1990). Coefficient of .71;
   Perkins, et. al, (1990). Coefficient of .80; and
   Pretty and McCarthy (1991). Coefficient of .69

5. Validity: Not Available

6. Target Population: Urban Populations all ages

7. Populations instrument has been used with and associated psychometric data
   Age Group/Ethnic Group/Gender/Geographic

   Instrument has been used with the Aurban block@ being the community referent—Urban neighborhood in Nashville.

   Instrument has been adapted to other concepts of "sense of community" by replacing "block" with "school"—Older high school students surveyed while in class.

8. Respondent: Self

9. Ease of use/scoring: True=1, False=0. There are four dimensions and questions in these dimensions are added together.

10. Number of items in scale: 12

11. Mode of Administration: Pencil and Paper self report

12. Strength of relationship to ATOD and other problem behaviors: Studies measures social support and loneliness, in relation to sense of community.

13. Source: David M. Chavis, Ph.D., (301) 519-0722

14. Author: David M. Chavis, (301) 519-0722

15. Availability: Contact Dr. Chavis

16. Cost: None

17. Copyright: None

18: Citation Information (abstracts, where used)

Chavis, D.M., et. al. (1990)
Florin, P., et. al. (1990)
McMillian, D.W., and Chavis, D.M., (1986)
Perkins, D., et. al. (1990)
Pretty, G.H., et. al. (1990)
Pretty, G.H., et. al. (1991)
Pretty, G.H., et. al. (1994)

COMMUNITY

Sense of Community Index:

I am going to read some statements that people might make about their [block]. Each time I read one of these statements, please tell me if it is mostly true or mostly false about your [block] simply by saying "true" or "false."

True = 1 False = 0

Q1. I think my [block] is a good place for me to live.

Q2. People on this [block] do not share the same values.

Q3. My [neighbors] and I want the same things from the [block].

Q4. I can recognize most of the people who live on my [block].

Q5. I feel at home on this [block].

Q6. Very few of my [neighbors] know me.

Q7. I care about what my [neighbors] think of my actions.

Q8. I have no influence over what this [block] is like.

Q9. If there is a problem on this [block] people who live here can get it solved.

Q10. It is very important to me to live on this particular [block].

Q11. People on this [block] generally don't get along with each other.

Q12. I expect to live on this [block] for a long time.

Total Sense of Community Index = Total Q1 through Q12

Subscales: Membership=Q4+Q5+Q6
Influence=Q7+Q8+Q9
Reinforcement of Needs=Q1+Q2+Q3
Shared Emotional Connection-Q10+Q11+Q12

*Scores for Q2, Q6, Q8, & Q11 need to be reversed before scoring.

COMMUNITY

1. Construct: **Perceived Availability of Drugs and Handguns**

2. Name and Description of Instrument/Scale: **Student Survey of Risk and Protective Factors/Perceived Availability of Drugs and Handguns**

3. Construct Operational Definition as used in Instrument:

4. Reliability: 0.84

5. Validity: High concurrent validity with drug and alcohol use and delinquency.

6. Target Population: General population of students in 6, 8, 10 and 12

7. Populations instrument has been used with and associated psychometric data
   Age Group/Ethnic Group/Gender/Geographic

   Normed with different ethnic populations

8. Respondent: Self

9. Ease of use/scoring: Four-point scale (NO! To YES!)

10. Number of items in scale: 5

11. Mode of Administration: Pencil and Paper self report

12. Strength of relationship to ATOD and other problem behaviors:

13. Source: Contact Author or CSAP Project Officer

14. Author: Arthur, Hawkins, Catalano and Pollard

15. Availability: Public Domain

16. Cost: None

17. Copyright: Public Domain

18: Citation Information (abstracts, where used)

Pollard, J.A., et. al. (Unpublished).
Pollard, J.A. et. al. (1988).

COMMUNITY

Perceived Availability of Drugs and Handguns Scale:

1. If you wanted to get some beer, wine, or hard liquor (for example, vodka, whiskey or gin), how easy would it be for you to get some?

   ___ Very hard ___ Sort of hard ___ Sort of easy ___ Very easy

2. If you wanted to get some cigarettes, how easy would it be for you to get some?

   ___ Very hard ___ Sort of hard ___ Sort of easy ___ Very easy

3. If you wanted to get some marijuana, how easy would it be for you to get some?

   ___ Very hard ___ Sort of hard ___ Sort of easy ___ Very easy

4. If you wanted to get a drug like, cocaine, LSD, or amphetamines, how easy would it be for you to get some?

   ___ Very hard ___ Sort of hard ___ Sort of easy ___ Very easy

5. If you wanted to get a handgun, how easy would it be for you to get one?

   ___ Very hard ___ Sort of hard ___ Sort of easy ___ Very easy

COMMUNITY

1. Construct: **Youth Participation**

2. Name and Description of Instrument: **Student Survey of Risk and Protective Factors/Opportunities for Prosocial Involvement**

3. Construct Definition according to Instrument

4. Reliability: 0.74

5. Validity:

6. Population instrument has been used with (demographics of target group): 6-12th Graders

7. Populations instrument has been used with and associated psychometric data
   Age Group/Ethnic Group/Gender/Geographic

   Normed with different ethnic populations

8. Respondent: Self

9. Ease of use/scoring: 4-point Likert scale

10. Number of items in scale: 6

11. Mode of Administration: Pencil and Paper self-report

12. Strength of relationship to ATOD and other problem behaviors

13. Source: Contact Author or CSAP Project Officer

14. Author: M. Arthur, J. Pollard, J. Hawkins and R. Catalano

15. Availability: Public Domain

16. Cost: None

17. Copyright: None

18. Citation Information (abstracts, where used)

COMMUNITY

Opportunities for Prosocial Involvement Scale:

1.	There are lots of adults in my neighborhood I could talk to about something important.	NO!	no	yes	YES!

Which of the following activities for people your age are available in your community?

2.	Sports Teams	Yes	No
3.	Scouting	Yes	No
4.	Boys and Girls Clubs	Yes	No
5.	4-H Clubs	Yes	No
6.	Service Clubs	Yes	No

COMMUNITY

1. Construct: **Youth Participation**

2. Name and Description of Instrument: **Student Survey of Risk and Protective Factors/Rewards for Prosocial Involvement**

3. Construct Definition according to Instrument

4. Reliability: 0.89

5. Validity:

6. Population instrument has been used with (demographics of target group): 6th-12th grades

7. Populations instrument has been used with and associated psychometric data
   Age Group/Ethnic Group/Gender/Geographic

   Normed with different ethnic populations

8. Respondent: Self

9. Ease of use/scoring: 4-point Likert scale

10. Number of items in scale: 3

11. Mode of Administration: Pencil and Paper self-report

12. Strength of relationship to ATOD and other problem behaviors

13. Source: Contact Author or CSAP Project Officer

14. Author: M. Arthur, J. Pollard, J. Hawkins and R. Catalano

15. Availability: Public Domain

16. Cost: None

17. Copyright: None

18. Citation Information (abstracts, where used)

Rewards for Prosocial Involvement Scale:

1.	My neighbors notice when I am doing a good job and let me know.	NO!	no	yes	YES!
2.	There are people in my neighborhood who encourage me to do my best.	NO!	no	yes	YES!
3.	There are people in my neighborhood who are proud of me when I do something well.	NO!	no	yes	YES!

COMMUNITY

Community Laws and Norms
(In-Progress)

COMMUNITY

Empowerment
(In-Progress)

COMMUNITY

Enforcement
(In-Progress)

COMMUNITY

Social Support
(In-Progress)

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